



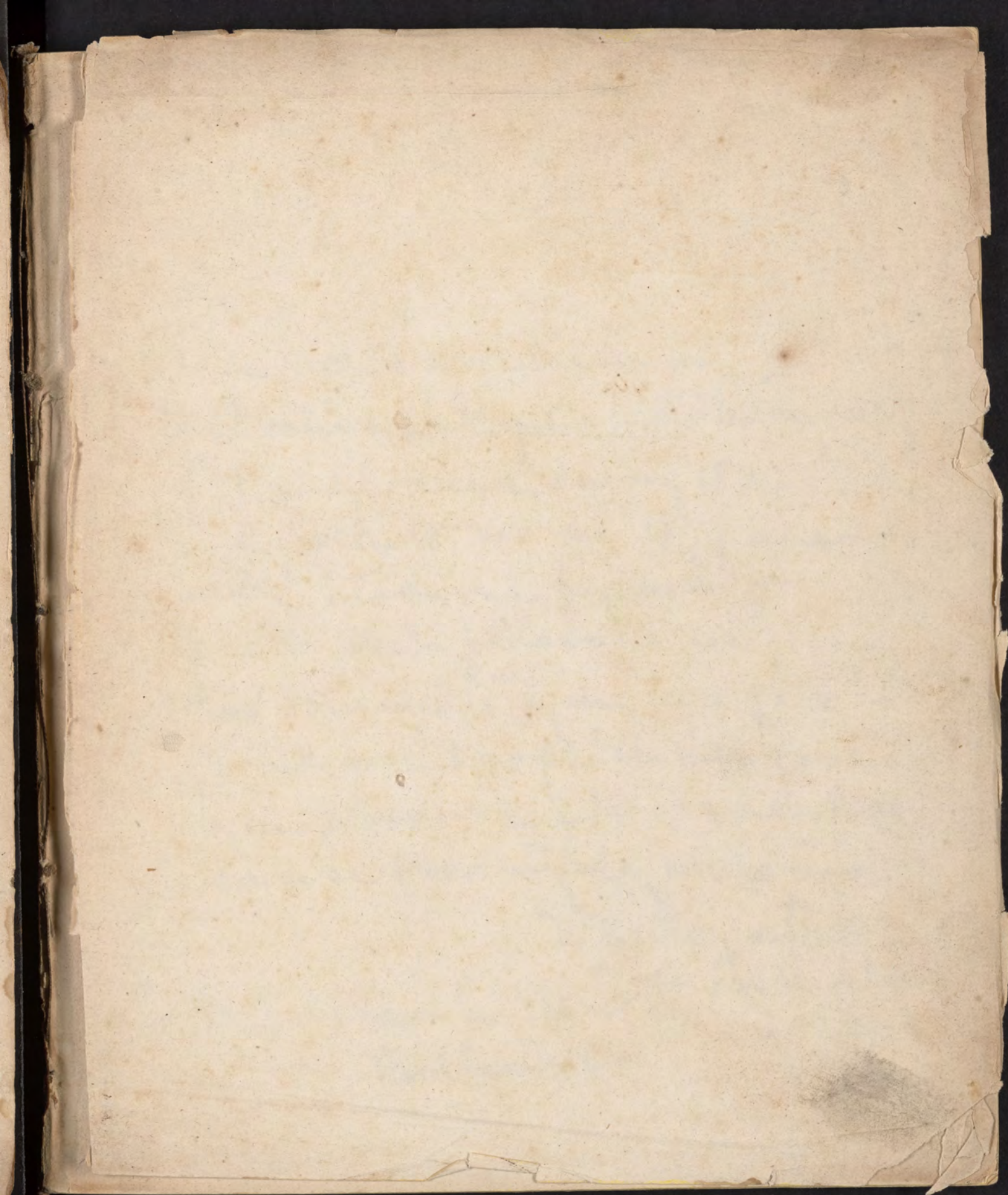
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F. JULII LE MOYNE, M. D.

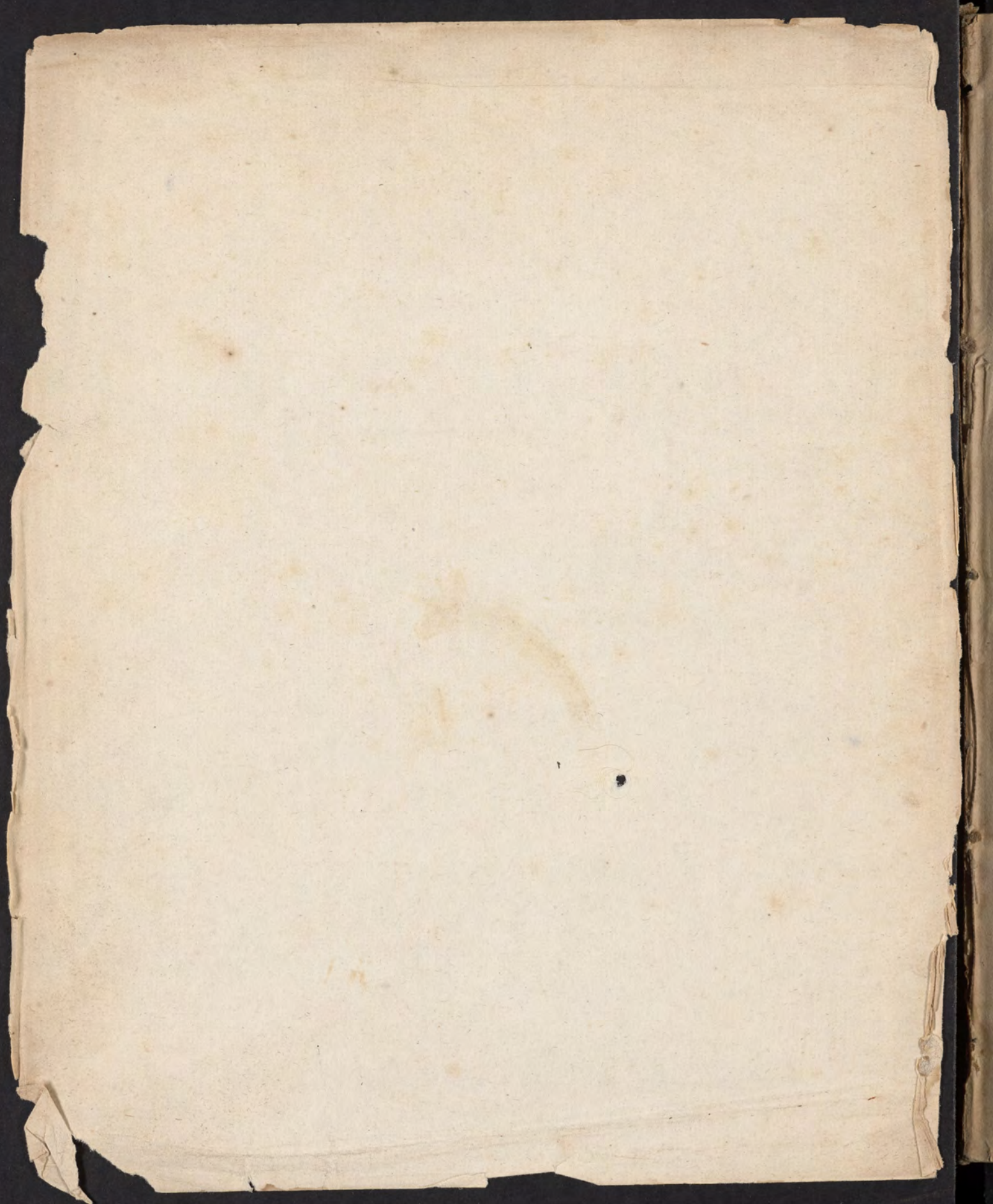
No. 40

*Lege et Disce.*











These notes were taken by  
Dr. F. Julius Lilljorpe at the University  
of Pennsylvania during 1822-'23,  
and given to me in 1879 - and  
greatly treasured by me -

I take great pleasure in giving  
this volume to you, his great  
grand son, & hope it will give  
you pleasure. - It is wonderfully  
concise & beautifully written.

W. Lilljorpe Dicks

To Dr. Valerius L. Ellicott Los Angeles  
Balluere 2-20-27



Handwritten text, likely bleed-through from the reverse side of the page. The text is extremely faint and illegible due to fading and the age of the paper. It appears to be a continuous paragraph or a series of lines of text.



May 28, 1977

at the suggestion of Dr. F.

Tremaine Billings, of Nashville, Tenn.,  
a Fellow of the College of Physicians  
of Philadelphia and, like me, a  
great grandson of Dr. F. Julius LeMoyne.  
I am giving this book to the College  
of Physicians to be added to the College's  
valuable resource materials. I am  
also giving his medical school lecture  
tickets and his book of prescriptions.

Valcour LeMoyne Ellicott, M.D., Dr. P.H.

22 Buchanan Road

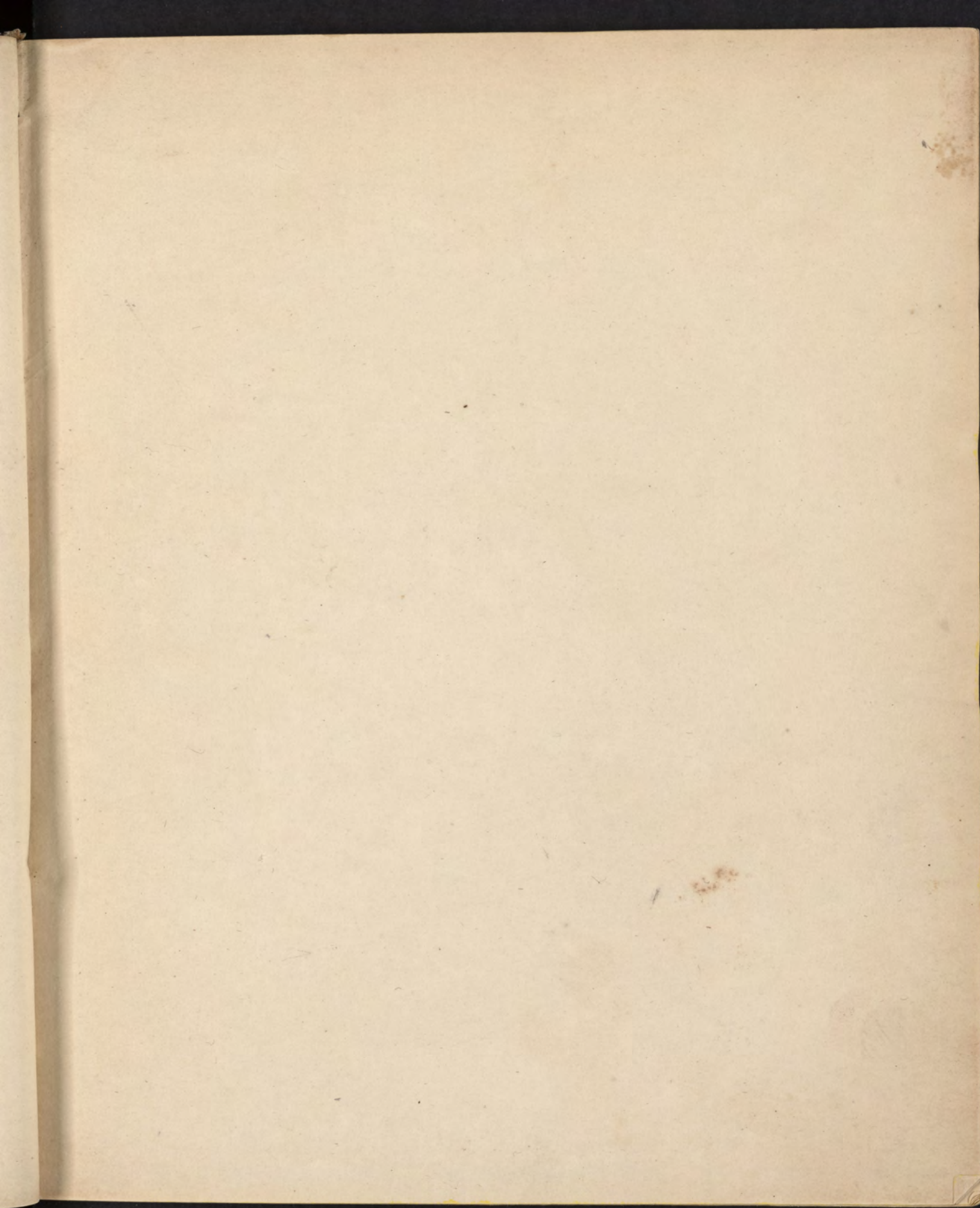
Baltimore, Md. 21212



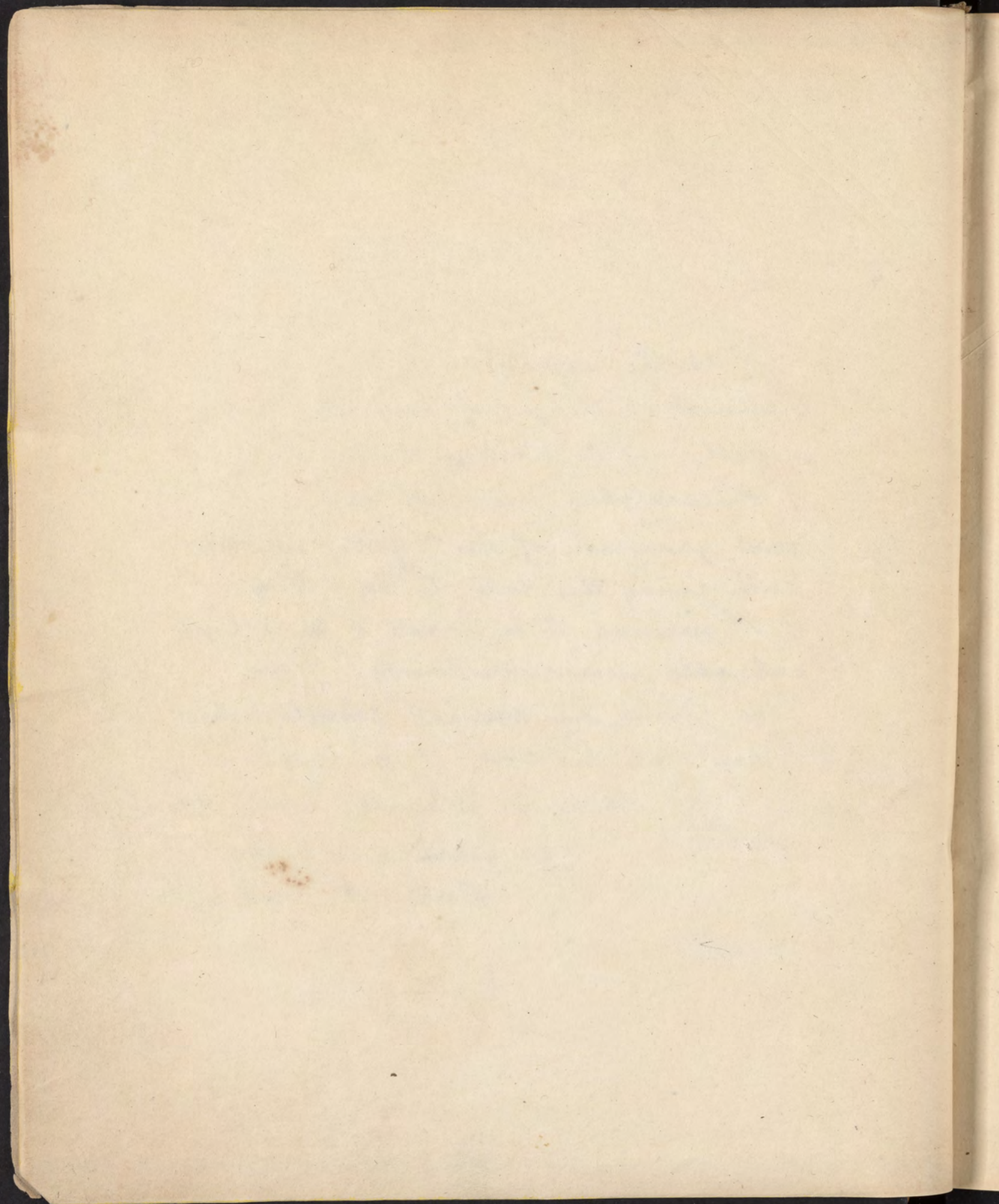
May 22, 1911

At the suggestion of Dr. F.  
Trenner, College of Nashville, Tenn.,  
a fellow of the College of Physicians  
of Philadelphia and, like me, a  
great promoter of Dr. F. Johnson's work,  
I am giving the book to the College  
of Physicians to be added to the College's  
valuable resource materials. I am  
also giving his medical school lecture  
book and his book of prescriptions.  
Baltimore Telephone Exchange, M.D., Dr. F.H.  
25 Buchanan Road  
Baltimore, Md. 21212

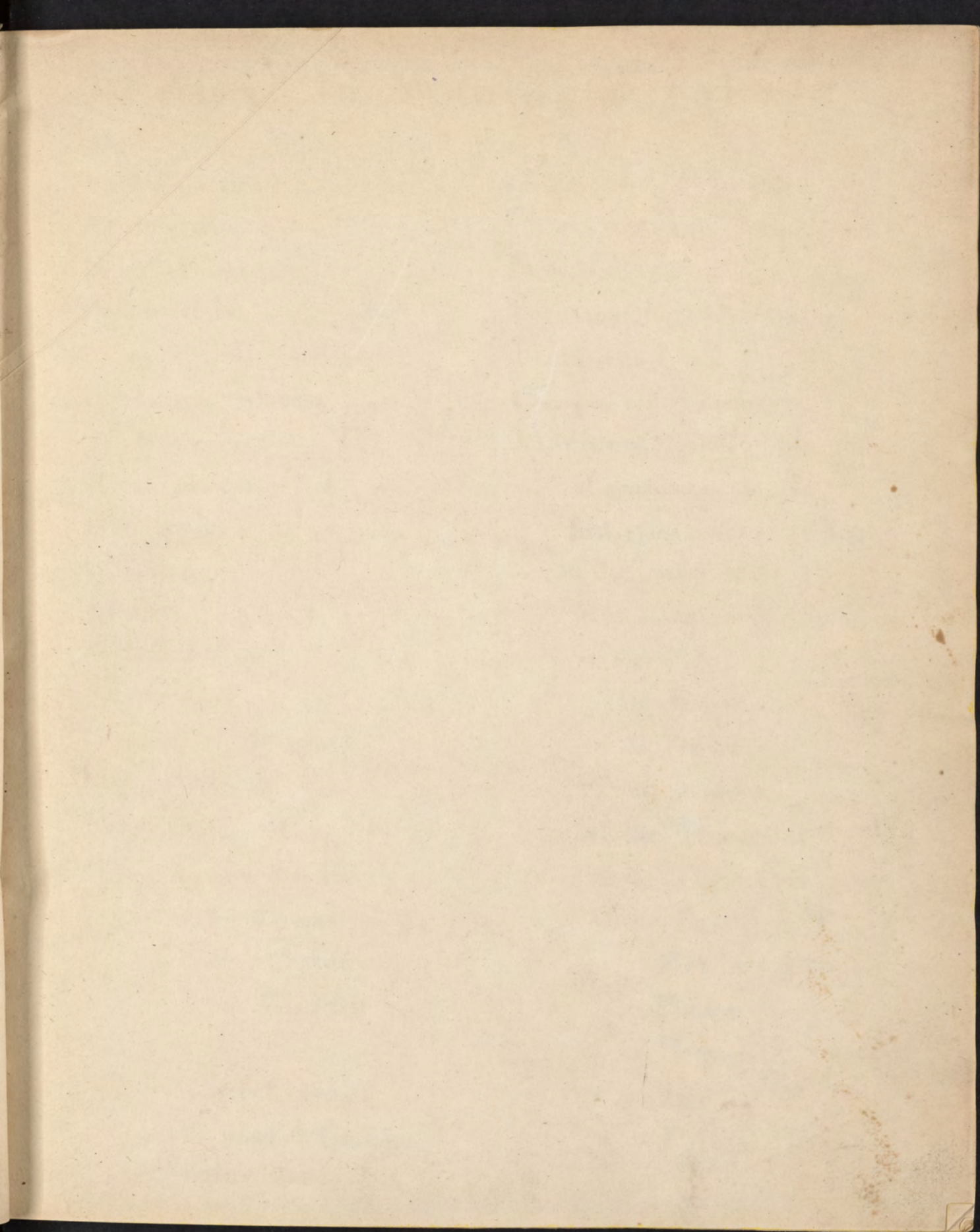




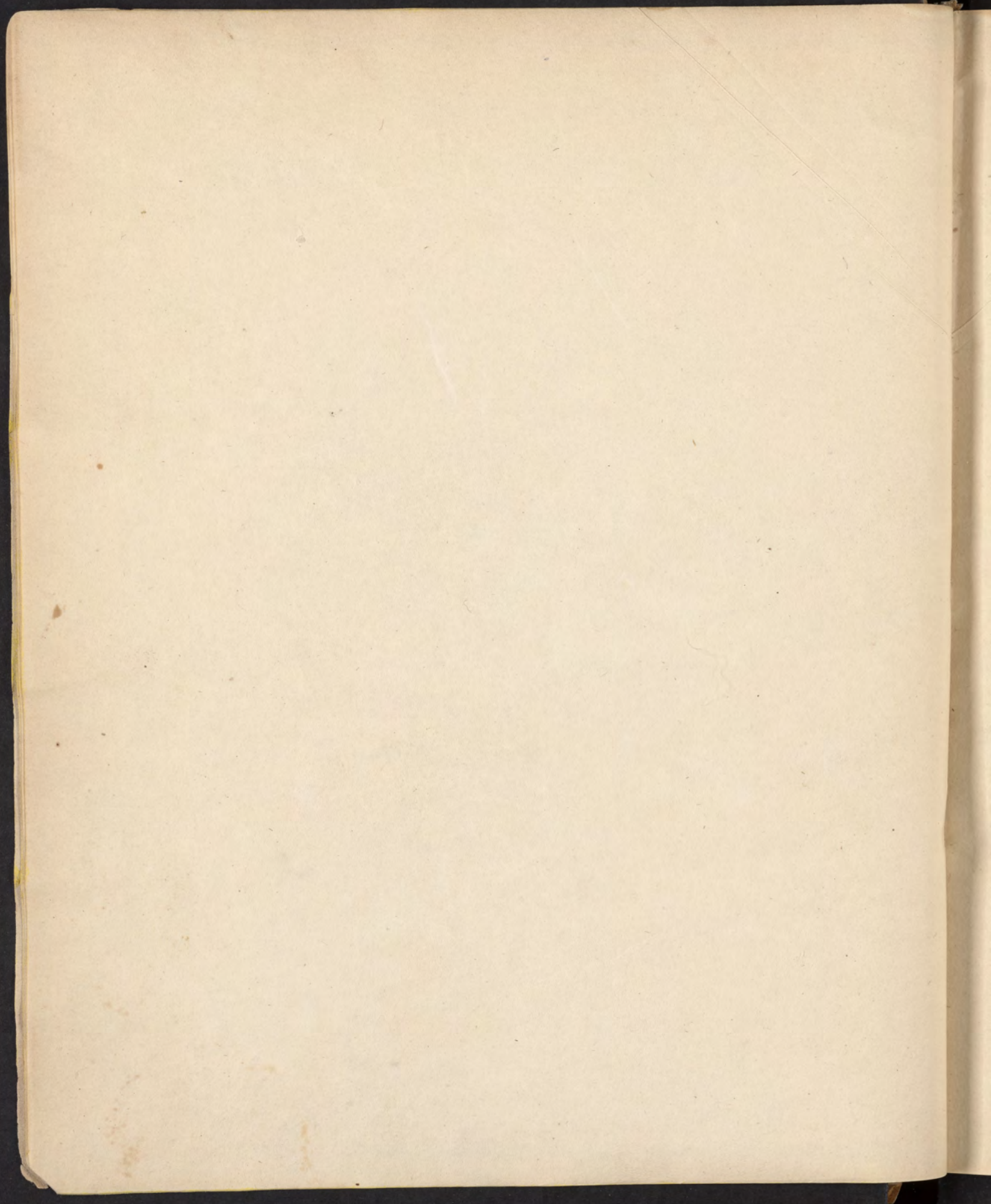














# First

Wounds

General

Wounds

Wounds

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# On Inflammation

There is perhaps nothing more necessary to the Surgeon <sup>a knowledge of</sup> than the principles of Inflammation for as there is a certain degree of it which is necessary to restore diseased parts to their healthy state so there is likewise other grades incapable of performing this restoration; of course, therefore a knowledge of its principles and also the appearance which it has in performing this restoration of diseased parts, is absolutely necessary for the Surgeon to attend it.

The term of inflammation was given to this process from the supposition of an accumulation of fire in the part inflamed but this idea is altogether incorrect, but the term answers our idea of that particular <sup>appearance</sup> inflammation.

it may be connected with another <sup>disease</sup> or not; an instance of the former we see in Scrophula, syphilis & frequently improper treatment is the result of ignorance of the symptoms which violent inflammation leaves behind it.



Inflammation terminate 1<sup>st</sup> by resolution 2<sup>d</sup> Effusion  
3<sup>d</sup> Adhesion 4 Suppuration 5 Ulceration 6 Granulation  
7 Cicatrization 8<sup>th</sup> Mortification —

Inflammation in cavities lined with serous membranes  
most frequently terminate either by adhesion or effusion  
this is a wise provision of nature as it limits the extent  
of inflammation —

When it occurs in mucous membranes it almost  
always terminates in suppuration — this is also a  
very wise provision — for if mucous membranes such  
as the lining of intestines, esophagus - Urethra - &c were  
liable to take on the adhesive state these canals  
would be obliterated & their functions destroyed which  
would be fatal —

It has two stages — the cold & the hot stage

The tendency of a part to inflame is generally in a  
Direct ratio to its vascularity & the pain is in prop  
ortion to the nervous structure of the part — exalt in  
lowers throas, & tendons —



for instance I know a case of sprained ankle which after inflammation abated was very weak, medical assistance was called, and the Physician prescribed some medicines which threw the patient into an hectic fever.

An inflamed part performs its functions with difficulty, an instance of this we see in the Eye ~~in~~ which when violently inflamed loses the power of vision.

Inflammation is of three kinds; adhesive, suppurative and ulcerative. I shall only treat of the healthy kind in this lecture. Inflammation is not necessarily a disease, because disease always tends to a dissolution of the part; but inflammation is sometimes necessary for its restoration.

In a healthy state it is of a pale red colour accompanied with preternatural sensations; if seated in the skin, very often preceded by itching; heat, and dull throbbing pain, accompanies it. Weakness is never a disease though often a predisposing cause of it. The causes of inflammation are chemical mechanical and fevered. of the first are heat, cold, acrid, substances, caustics, &c. of the second are wounds, bruises, pressure &c.



for instance I think a case of prominent ears which often influences  
the position of the head and neck, and the position of the  
larynx, the chest and lungs, and the position of the  
stomach and intestines.

one little force  
the influence of the position of the head and neck, and the position of the  
larynx, the chest and lungs, and the position of the  
stomach and intestines.

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larynx, the chest and lungs, and the position of the  
stomach and intestines.



Inflammation does not immediately follow the application of its cause: The space of 24 hours sometimes intervening a cause that will at one time excite an inflammation of one kind, will at another time in the same constitution excite a different one. Different remote causes have been supposed to excite different kinds of inflammation. but I think the variety is owing to a difference in situation of the affected part, for the same remote cause will produce erysipelas in the face and common inflammation in other parts. fever is sometimes the remote cause.

Inflammation depends greatly on habit. E. S. a person unaccustomed to work will blister his hand very soon; and a person unaccustomed to a high degree of heat, will bear much less, without injury, than one exposed daily to it. if suppuration follows inflammation it is termed a Abscess or ulcer.

The healthy kind of Inflammation are adhesive & suppurative. an adhesive inflammation is an increased action of the vessels causing an extravasation of the coagulating Lymph. it begins in the small vessels and spread from a point in which for the most part it begins.

Suppurative inflammation is an increased action of the vessels secreting Pus. in adhesive inflammation the matter which forms the union is coagulating Lymph. The red globules are thrown out likewise but are again absorbed.



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unaccountable to work with this in hand every too; and a person  
unaccountable to a high degree of heat will bear much more than  
another, than one appears able to it. of suppuration follows inflammation  
= heat is termed a Obdurate or ulcer.  
The healthy kind of inflammation is an action of nature to remove  
the cause of inflammation is an increased action of the  
causing an inflammation of the respiratory system. it depends  
on the small vessels and parts from a point in which for  
the most part is doing  
Inflammation is an increased action of the  
which forms the tumor is a coagulating lymph. the  
globules are thrown out likewise but are again absorbed



When inflammation supervenes in a particular part, that part receives a more copious flow of blood through it, than an healthy part in consequence of an increased action of the blood vessels. That there is an increased action is proven by the part being of a pale red colour. The Diameter of the vessels are likewise increased which is proven by Mr John Hunter experiments on ears of a Rabbit. The swelling in inflammation arise both from the thickening of the coats of the vessels and from the extravasation of Lymph. The swelling is greatest at the point of which inflammation commences. The pain is produced by the spasm or the constrictive action of the vessels much in the same manner as it is in the cramp or tetanus or by distension, when inflammation proceeds gangrene, it is of a purple colour, the heat of an inflamed part is considerably increased but never rises higher than the source of circulation. The Lymph secreted in adhesive inflammation becomes in time vascular and may be injected. Mr Hunter proved that coagulating lymph was thrown out, by observing that the matter thrown out on the surface of the inflamed cavities, corresponded in every particular with the lymph of the blood when separated from the serum and red Globules. The coagulating lymph is changed in passing through the vessels: for it be thrown out on the internal surface of a vein it refuses to mix



When inflammation supervenes in a particular part, that part  
receives a more copious flow of blood through it, than an healthy part  
in corresponding of an increased action of the blood vessels. That there  
is an increased action, is proven by the part being of a pale red  
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thickening of the coat of the vessels and from the extravasation  
of lymph. The swelling is greatest at the point of which infl.  
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contractive action of the vessels, much in the same manner as  
it is in the cramp or tetanus or by distension, when inflam-  
mation produces pressure, it is of a purple color, the heat  
of an inflamed part is considerably increased but never rises  
higher than the degree of circulation. The lymph secreted  
in chronic inflammation becomes in time more viscid and  
is called pus. The thinner part of the coagulating lymph  
has the power of absorbing the water through out  
on the surface of the inflamed cavity, corresponding in  
every part, water with the lymph of the blood when sepa-  
rated from the serum and red globules. The coagulating  
lymph is changed in passing through the vessels. It will be  
thinner out on the internal surface of a vein it refuses to mix



with the <sup>circ</sup>coagulating mass. The effect of adhesive inflammation on the constitution vary according to the degree of violence and part affected. it is attended with little inconvenience when seated in the skin but in the theca of the tendon or in the periosteum, it occasions great pains and if the inflammation be great it produces symptomatic fever. the Pulse in this case is full hard and quick. the Blood drawn is sily. this inflammation often terminates spontaneously; in which case it is called spontaneously resolution or adhaesio. a man 36 years of age received a bruise on the leg by falling ~~on~~ a bar of iron upon it. <sup>It was</sup> Six days before inflammation came on. I was called to see him; his body was all in a tremor, his pulse small and quick, his strength much diminished. he was cured by a dose of Laudanum and the application of it to the part affected. I have seen death produced in this way - by the inflammation occasioned by lacerated wounds of the joints.

Tumours frequently occur in the breast of women, and likewise in the throat, called Schirrus tonsils and are produced first by the effect of simple inflammation and second by the lymph not being absorbed when the inflammatory action ceased. this takes place in glandular swelling and forms what it is called a Schirrous Tumour. by this it appears that there is no cancerous tendency in the blood. inflammation terminates also by the secretion of Serum. if there be a secretion of any fluid from the part inflamed, the inflammation does not run so high







as it otherwise would do. Blisters that run well are much easier cured than those that do not.

it is highly probable that inflammation of the Brain terminates in what is called Hydrocephalus internus, and of the Chest by forming hydrothorax. Local Inflammations are frequently cured or removed by fever. Hemorrhagy sometimes terminates in inflammation. A remarkable instance of Inflammation of the Eye which resisted blood letting and other remedies, was cured by the accidental breaking of an artery in the Eyelid, which bled considerably. I have seen an incurable case of fistula in ano, from not bleeding in the inflammation. Note. if Inflammation be not stopped by some of those means it proceed to suppuration. When inflammation happens from accident and proceed too far, we should attempt resolution in general. but there are cases in which resolution should not be attempted. as first in very warm weather, lest we induce tetanus, a generous diet and cordial drink should rather be recommended. 2<sup>d</sup> if occasioned by a constitutional disease; a fever 3<sup>d</sup> if it be owing to the removal of any worse disease. When it occurs in an important part resolution should always be attempted.

Some inflammation is necessary for the resolution of the Pain







In order to effect a cure, in the first place the remote cause of any extraneous substance, it should be removed.

2<sup>d</sup> reduce the inflammatory action, then the part may take on a natural one; this is effected by two kinds of remedies constitutional and local.

The constitutional, are low diet, bleeding, purging neutral salts, antimonial, Diluents, Tamarine water &c. Low diet tends to empty the blood vessels. blood letting is the most powerfull remedy in inflammation, since inflamed vessels are under the necessity of contracting, to adapt themselves to the column of blood; and as contraction is a very different action from inflammation it always owns the part to take on, a natural action by drawing them from the inflammatory one. Blood letting acts in two ways, first it remove the stimulus of distention by lessening the volume of the blood itself. on the third general remedy Surgery, this also acts by lessening the actions of the vessels; except when they produce nausea; then they act sympathetically though we are obliged <sup>to omit</sup> sometimes it on account of the inconvenience attending it. Nitre, Sal Ammoniac Glauber salts have been advised, antimonials have sometimes



It is not to effect a cure in the first place, the  
case of any epidemic disease, it should be removed  
2. when the influence is of action; that the  
may take on a natural one, this is effected by the  
of which is constitutional and local.

The constitutional, are low diet, bleeding, purging,  
medicinal, salts, antimonial, nitric, tartaric water, &c. &c.  
this leads to expel the blood vessel, thus leaving a vacuum  
proper for equally in-forming, since inflammation vessel are cured  
the necessity of contrasting, to adopt themselves to the column of  
blood. and a contraction is a new different action from expansion  
-action it always one that has to take on a natural action by  
drawing from the inflammation, and blood this one  
in two ways, first it removes the quantity of substance by  
expelling the volume of the blood itself, or the blood vessel  
removes by purging, the also acts by limiting the action of  
the vessel, except when the great vessels, this blood  
dyspeptically, though we are obliged to remove it, it is  
removal of the inflammation attending it, like the inflammation  
of blood itself, have been removed, antimonials have been



been joined with them. Mercury often acts powerfully in the cure of inflammation. 1<sup>st</sup> red, this is highly serviceable, the whole body should be kept quiet still and the room of a moderate temperature.

Local remedies are first, Bleeding by Scarification, leeches, and cups. if a fever be the cause of inflammation, general blood letting should always be premised. 2<sup>d</sup> Cold - this should only be used when the heat of the part is disagreeable and should never be carried so far as to become disagreeable to the Patient; Else it prove injurious by acting as a stimulus. 3<sup>d</sup> Vinegar sal ammoniac, preparations of lead with or without Laudanum alone. 4<sup>th</sup> Diet; there are either Simple or medical Simple as bread and milk, the flax seeds poultice &c. The Medical are the Simple poultice mixed with the medicines above mentioned. Particularly serviceable in inflammation arising from punctured wounds. 5<sup>th</sup> Blisters. They are of every great use applied directly over the inflamed part or in its vicinity. They should be used when you are fearful of too great evacuations, they produce resolution by the coagulation of the serum. Blisters are of use applied to an inflamed part when we are fearful of tetanus. of the good effects of adhesive inflammation there are instances  
1<sup>st</sup> in the healing of wounds







of the act, he imputed the inflammation to the action of the air. I once tried an experiment on a cat in this manner, I made an incision through the pleura, through which I passed a tube and filled one side of the chest with air, I then withdrew the tube and closed up the wound. in this situation it remained three days without any remarkable alteration, it was then suffocated and upon examination no possible difference could be observed between the two sides. I mention this to show that the effect of air is not so noxious as is often supposed and to prevent surgeons from hurrying too much in closing up a wound with a view of keeping the air from its internal surface.

When adhesive inflammation will not admit of resolution, it goes into the suppurative stage, this is characterised by an increase of pains often attended with a throbbing and shooting sensation: the swelling enlarges, the part becomes softer and at length a fluctuation is felt: there is also at the same time, an alteration in the colour of the tumor from a deeper to paler, also rather a yellowish appearance in the most prominent part of the tumor: it is now what may be called an abscess or circumscribed tumor containing pus.

abscess are often attended with rigors which are succeeded by fever and clammy sweat which symptoms are removed by evacuating the pus. if the pains be very great it may be relieved by opium; this will be best effected by combining opium with



of the act, he suggested the recommendation to the action of the  
house that an expression of a vote in the affirmative should be  
taken through the speaker, though it is of course a matter of  
fact that the speaker is not the only one who can do so, and  
and closed up the meeting in the afternoon at seven o'clock  
without any remarkable observation, it was then adjourned and upon  
examination no possible difference could be observed between the  
two sides. I mention this to show that the effect of the act is not to  
mean as is often supposed, and to prevent anyone from supposing too  
much in closing up a session with a view of keeping the act  
the interest before.

When advice of parliament will not want of resolution, to  
go into the suggestions above, this is a disadvantage of an in-  
crease of power after a meeting and a meeting is a meeting. The  
meeting enlarged, the first becomes a first and a first a first  
is felt. There is also at the same time an alteration in the colour  
of the times from a paper to paper, also other a different paper  
comes in that most prominent part of the times. This is a new way  
of calling an order or a committee. There containing  
also one after another with a view to a meeting  
of first and second round which is a meeting and a meeting of  
executing the part of the first round is a meeting of a meeting  
of opinion, the first is a meeting of a meeting of a meeting.



Small Doses of Emetics. a poultice of bread & milk is usually applied to the tumor, in which prominent part is observable and here an opening is in general naturally made by an absorption of the part beneath the skin.

However an opening is sometimes made by the skin losing its tenacity and flough away: when this takes place it generally makes a pretty large opening.

1<sup>st</sup> if the time of this natural opening be protracted too long it becomes necessary to make an artificial one. Several circumstances requires this opening to be made early.

1<sup>st</sup> if the abscess be situated on the Thorax or abdomen

2<sup>nd</sup> if situated on any of the Joints.

3<sup>rd</sup> if attended with great pains as in paronychia.

The pain in Paronychia may be almost removed by Opium in Suppuration attended with hectic fever the constitution sympathizes with the local irritation with the power of the constitution is unable to overcome and when the fever is brought on by ulcers or the affection of the tendons or the ligaments or of any of the vital parts. here the symptoms of hectic are great lassitude, weakness loss of appetite, cold night sweats, aptness to sweat on very little exertion, the pulse small quick & frequent urine high coloured and frequently terminates in diarrhoea.

The process of Suppuration sometimes suddenly stops and the matter already formed is absorbed, this is a happy



It is possible and perhaps easy to understand the latter fact as generally occurring in opening in bottom was made by the thin coating

it becomes necessary to make an artificial one. Several circumstances require this appearing to be made easily

It is also to be observed on the story of Adam

Chinelo Am. f. y. m. no batizado K<sup>o</sup> 8

It is enclosed with great love on my part &c.

The pain in the stomach may be almost removed by Opium

in information obtained with her for the construction of



termination; and of course a desirable thing to find medicines which will produce this effect.

Accordingly many medicines have been employed for this purpose, emetics & nauseating medicines have been known to produce this effect. The matter found in buboes have been absorbed by vomiting produced at sea. I have observed bleeding blistering and purging to be of service. Hectic fever instead of being induced by suppuration as it is frequently supposed is sometimes cured by its promotion; and instances of this kind occur in amputation of the leg. When the patient first affected with Hectic fever from a diseased joint, will cease after the amputation when the surface and quantity of matter has increased again Hectic fever has been cured by Blister which increased the Pus, there are convincing proofs that Hectic fever is not the consequence of absorption of Pus.

If suppuration proceed to fluctuation so that it may be distinctly felt, the opening should be assisted by making an incision in the abscess. It is very customary to apply plasters of different kinds to assist in breaking the tumors containing pus, such as Raisins, Saccharine Substances &c. & scarce any of these do any good though that applied next preceding the eruption, generally obtain the credit of accelerating the discharge. I believe they act merely by softening the part. blisters promote absorption, by irritation, abscess



termination; and of course a sensible thing to find out  
 which will produce the effect  
 Accordingly many experiments have been employed for this  
 purpose. Certain to renovating medicine have been known to  
 produce the effect. The matter found in bodies have been  
 added by venting products at sea. I have observed during  
 bladders and lungs to be of course. That's fact instead of  
 being in need of explanation as it is perfectly apparent in some  
 cases. And of course, and instance of the first case  
 in comparison of the leg. When the patient was affected with  
 the other part from a blood point. With course after the  
 comparison with the facts and quantity of water used.  
 is covered again. In the first has been found by observation  
 increased. And in the second one concerning fresh blood  
 from that the comparison of absorption of air  
 of absorption proceeds to fluctuation to that of air  
 be better only. In the second there is a matter of fact  
 being in relation in the second. It is very convenient to apply  
 relation of different kinds to each in testing the lungs  
 containing part, but as before, the same relation  
 I have only of these to say. I think that applied and  
 concerning the comparison, generally about the same of course  
 being the changes. It before they are nearly by testing  
 the part. Which points absorption of oxygen, and



in the ... should be left to open themselves  
like a ... should be immediately opened, the  
... by ... that had ... the  
... always be opened under such ...  
... always be opened about ...  
... containing ... absorption ...  
... always ... between it, and the surface of body  
... very intensely ... the necessity of  
... from ... or ...  
... I have a ... with a ...  
... to be open to ...  
... upon opening ... the ...

... the ... of ...  
... small ... on the ...  
... the ... to the ...  
... of the ...  
... the ... is opened ...  
... I have ... instance of one ...  
... the ... should be opened ...  
... that would ... by leaving it  
... spontaneously as it would about much more  
of the ...

There are two ways of opening ...



*[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]*



on the cranium should never be left to open themselves. Such as impeded respiration should be immediately opened, the tonsils are so enlarged by suppuration that they impede the respiration, they should always be opened under such circumstances. Matter does not always ~~be opened~~ absorb towards the skin. I. E. in tumours containing pus absorption does not always take place between it, and the surface of body but sometimes make its way internally. Hence the necessity of opening abscesses when they form over joints or over other cavities. I know a patient affected with a periodical pain in the head which afterwards was found to be owing to an abscess in the calf of the leg, upon opening which the pain ceased.

I have twice known all the symptoms of nervous fever produce by small abscess on the abdominal ring. in the first case the patient died owing to the ignorance of the cause of the disease.

in the second the abscess was opened and the patient recovered. I have known another similar instance of one situated in the axilla. abscesses in the face should be opened soon to prevent the scar that would issue by leaving it to open spontaneously as it would absorb much more of the part.

There are two ways of opening abscess.







1<sup>st</sup> by incision

2<sup>d</sup> by producing Eschar by means of Caustic, the first should be preferred unless where the timidity of the patient prevents it; in which case a thin layer of Lapis Septicus, may be applied for the space of 8 or 10 minutes. the part it touches will soon slough off and give vent for the matter or pus. after the pus is discharged, it is to be treated in the same manner as an ulcer. Pus is of a light straw coloured fluid and the consistence of cream, containing a number of Globules; it does not coagulate by heat if exposed to it but evaporate to dryness it does not readily putrefy, it is specifically heavier than water and is easily mixable with it, it is no corrosive, it is said to be of a Sweetish taste, it is distinguished from the other fluids of the body by its containing globules, only the Sal ammoniac which it not the case with any other animal fluids. Mr Hunter has observed that it is a reaction of the vessels taking on the nature of glands and that the globules are not formed till after it is thrown out of the vessels. when particular suppuration should be abated by resolution.







Ulcerations take place mostly after suppuration; and suppuration takes place after the extraction of dead ulceration.

in ulcerative inflammation a part is always lost this is removed by absorption. it commences mostly after the suppurative stage, but has been known to proceed it as in case of Chancres and in some particular irritations or where sudden death of a part has taken place

Pressure has produced this stage without suppuration of than part of the body ulcerates sooner which is nearest of the surface. the absorption of the part, in ulcers is always attended with pain and inflammation which is called soreness. but this is not a necessary symptom of inflammation for we find that Ichthyophthalmus ulcers are not painful when they proceed slowly, but when rapid they are attended with great pains. I shall now say a few words on abscess.

### Mammary Abscesses.

Remarkable instances of ulceration attended with inflammation occurs in Mammary abscesses in women. They may either be seated in the glandular part or on the cellular membranes, it seldom occupies the whole breast. if a part of the glandular structure be diseased, the secretion of milk is commonly diminished, but if the whole of the breast is affected the milk is



Placation takes place usually after suppuration and suppuration takes place after the resolution of abscesses.  
In ulcerative inflammation a part is sloughed but this is removed by absorption. In common suppuration the suppuration stops but the part known to proceed it is in case of chronic and in some particular instances or where the abscess is of a part has taken place.  
Purulent has been said that the purulent inflammation is then part of the body which is a result of the absorption of the absorption of the part in which is always after the part from an inflammation which is called because the part is a more rapid rupture of inflammation for the first the suppuration is not possible when the process stops but it is not that they are obtained without pain from a fall in the part for the first or when.

Unmistakable evidence of absorption attended with inflammation occurs in Monocyst. Abscess in human they may either be located in the pleural part or on the cellular membrane. It seldom occurs in the part of the pleural. It is distinct to be observed the location of which is commonly situated but if the part of the part is affected the result is



suspended altogether. it is attended with a shooting pain that extends  
 to the axilla. If the abscess be sealed in the cellular texture, the secretion  
 of milk is not much impeded they are mostly preceded by a chill fit  
 accompanied with pain of the affected part. There is some times more than  
 one tumor felt. The time when this disease mostly prevails is the third  
 or fourth month after delivery. Those women are always subject to them  
 when they suckle. These cases we seldom or never see until the arrives  
 at a considerable degree of soreness. owing to the women supposing her-  
 self quite competent of the cure, though she always fail in the attempt  
 although suppuration is mostly the result of inflammation of the breast  
 yet I have seen terminate in adema, and the swelling to be so  
 great as to protrude the part around the nipple so as to hide it. The  
 swelling do not come on till ten days, and I was not called in for  
 six weeks. When the adhesive inflammation takes place, the coagu-  
 -lating lymph is sometimes thrown out without being again absor-  
 -bed after the inflammation has subsided. this form an indurated  
 scirrhus. I have seen them of various size; they are no true  
 cancers, because they have yielded to the antiphlogistic regimen.  
 These affections are frequently owing to mechanical causes, as  
 tight Dress &c and by over straining the vessels by long dis-  
 -tension by milk. they are sometimes produced by the persons  
 taking cold. in these cases where the glands are indurated they  
 seldom return to their former size. sometimes the glands are  
 very much reduced in size and never secrete milk.







If called in the forming state, bleeding according to the  
 strength of the Patient, Exhibit a mercurial purge and put the Pa-  
 -tient under a strict vegetable diet. The breast may be anointed with  
 warm oil, if it be convenient for the patient to be confined it should be  
 done; it not support the breast by passing an Handkerchief round the  
 neck. If inflammation continues venesection may be repeated, and the  
 application of Veech to the part will be found of great utility.  
 Bread & milk poultices with lead water are highly serviceable after  
 evacuations have been premised. If they do not give relief and the inflam-  
 -mation continues a blister should be applied. a great variety of  
 plasters have been used and often recommended, but I believe  
 they are of doubtful efficacy. The blister is not so painful as  
 might be expected: women who have not enjoyed rest for many  
 nights before, have been known to sleep sound when it  
 was operating. but be sure to keep up the evacuations pre-  
 -sum. an application of *sol ammoniac* and vinegar is frequen-  
 -tly advised. it is however of no use, suppuration seldom takes  
 place if properly treated from the commencement of the disease  
 but sometimes from delay in calling in a physician or from  
 his ignorance it does occur. if it becomes necessary to open  
 the abscess, some Physicians advise to do it by making a  
 large slit, but I prefer making a Puncture in the abscess,







and introducing a bougie to keep it open. the bougie must occasionally be drawn to avoid the within fluid or pus collecting to it. in the case of Edema I apply Sal ammoniac, mercurial ointment &c, to the parts and deplete generally by bleeding purging &c but without any effect. The application of a blister remove the complaint. I removed and indurated gland (attended with slow fever which was afterwards cured by bleeding and the anti-phlogistic regimen.) Supp afterword drained with mercurial ointment. where the Schirrous was as large as the fist. Mercurial ointment are good in resolving tumors. Weakness in the joints and especially in the hip joint, without any apparent cause is generally a species of inflammation which may be cured if taken in time by purging. Swellings are occasioned by a secretion or throwing out a coagulable lymph into the cells of the cellular membrane. vessels which are inflamed carry a coagulating lymph which adheres to their internal coats and becomes vascular.

In two last cases of parapneumonia has sometimes found along the course of the bundle, under the ligaments of the heart and formed a tumor at the lower part of the forearm. The bone often becomes carious and sometimes the bundle itself rots.

I have seen modification from this cause it is a difficult matter to provide the cause of a Whistler. I have seen it produced by the bite of rabid animals.







## Paronychia

Paronychia is a violent inflammation, occurring mostly at the end of the fingers which frequently end in suppuration. According to the seat of the disease it is attended with trifling or excruciating pains. Paronychia may be divided into four kinds

1<sup>st</sup> when seated in the Culis vera

2<sup>d</sup> in the Adipose Membrane, here the pain is much greater and matter is frequently effused under the nails. The whole finger becomes swelled and painful

3<sup>d</sup> in the theca of the tendons

4<sup>th</sup> in the periosteum. in the last case the pain is very great though without swelling at first. When it takes place in the adhesive Membrane, there is no danger of Mortification taking place, the matter found in most two last cases of paronychia has sometimes passed along the course of the tendons, under the Ligaments of the wrist and formed a tumor at the lower part of the forearm. The bone often becomes carious and sometimes the tendon slough away

I have seen mortification from this cause. it is a difficult matter to provide the cause of a Whistlow. I have seen it produced by the bite of rabid animal.



78  
Dysphagia is a violent inflammation, occurring usually at  
the end of the fingers which frequently end in suppuration  
according to the seat of the disease, this often with swelling  
and excruciating pain. Dysphagia may be divided into four  
kinds

- 1st When seated in the Larynx
- 2nd in the Oesophagus, here the pain is much  
greater and water is frequently refused under the walls the whole  
finger becomes swollen and painful
- 3rd in the throat of the tongue
- 4th in the pharynx. in the last case the pain is supported  
through trachea dwelling at first. When it takes place in the pharynx  
membranes there is a change of Mucous color taking place the first  
four found in these two last cases of pharynx has sometimes  
passed along the course of the tongue, under the experiment  
of the hand and formed a tumor at the lower part of the  
pharynx. The tumor often becomes cancerous and sometimes the  
tumor drops away
- I have been much affected from this cause. It is a  
difficult matter to provide the cause of a Mucous. When  
it is produced by the use of leeches and such



## Fistulae

In the cure little attention is to be paid to the fistula, it may be opened and dressed with unguent Alom. or simple poultice containing Saccarum Saturni.

When it is situated deeper than the skin make an incision down to it. and if any part of the bone is decayed it ought immediately if possible be taken away, the dressing may be either dry lint or a poultice. boiling water has been advised in cases of procyetia. I believe when it is of any use it acts as a rubefacient. nothing else however than opening is necessary, if matter has passed along the tendon up to the wrist it should be let out at the most protruding part. Sometimes the orifice if small grown up with the fungus and prevent it healing: for destroying the <sup>excrecence</sup> excrecence excoriation will be found tedious and often in vain. it should be removed by enlarging the incision.



# Notes

On the case, little attention is to be paid to the fact  
that, it may be spent and wasted with little or no  
benefit, continuing to maintain the same.

When it is situated deeper than the skin on  
the surface, it is not of any part of the bone is broken  
it ought immediately to be taken away, the danger  
is not so great as a fracture, but it is a  
great deal in case of fracture. I believe when it is of any  
it is not so dangerous. Nothing else however than opening it  
is necessary, if matter has formed, along the bone up to the  
joint, it should be let out at the next jointing  
operation. The price of small pieces of bone is  
and prevent it from being for the purpose of the  
operation. But the bone is often in the  
it should be removed by enucleation.



# Psoas Absces

This disease is seated in the cellular membrane under the Psoas muscle where matter is deposited in a cist of the cellular substance, any of the remote causes of inflammation may produce this disease. at its progress to the surface of the body it generally follows its course down along the bone, generally it causes pain in the lumbar region, but sometimes goes off without any pain for three months. the thigh on the side affected is weak the patient cannot well stand, he generally bends the body to relieve the muscle on the side affected, he cannot well rotate the thigh and his affected with rigors. it sometimes happens that six months elapse before any one mark of it can be seen its situation is anteriorly. it is most the same always it sometimes comes on the loins and I have seen it on the buttocks. sometimes the tumor is on lower part of the thigh sometimes on the upper. the integuments are discoloured the tumor is most tense when the patient stands upright. when lying down it is soft & flaccid. if pressure be made on the abdomen it will be flattened and be more protuded and vice versa laughing or coughing renders it more tense the fluctuation may be readily felt, these absces never open forward into the cavity of the abdomen







but have sometimes destroyed the side of the contiguous vessels and thereby produced fatal Hemorrhage. if they continue a long time they may occasion a Carie of the vertebra, where it protrudes at the upper part of the thigh it appears like Hernia it has also been confounded with fistula in ano.

## Treatment

If we are called to see the patient soon we must keep him at rest and must avoid all animal food. bleeding, scarifications on the back leeches are also of service. Turges and cause the Patient to lay on his back. a little blister should likewise be applied to the upper part of the tumor. Issues on the loins when the tumor has formed externally it has been disputed whether the tumor or abscess should be opened or not and some Authors think there is danger in making an opening into the cavity, but when it is long in opening it put the patients life in danger if left to open itself. Mr Hunter has observed that all Cavities will inflame if opened unless they unite by the first intention. he observe that the inflammation would attract every side of the cavity. which is the cause of the other symptoms which follow...

Mr Abernethy (has taken the Idea from Mr Hunter no doubt) has proposed to open it so that



but these sometimes developed the side of the cavity and were  
 and thereby produced fatal hemorrhages. If they continued  
 a long time they may occasion a variety of the most distressing  
 it particularly at the upper part of the thigh it appears the  
 remains it has also been recommended that patients be made

# Treatment

If we are called to see the patient soon we must keep him  
 at rest and must avoid all animal food. During the treatment  
 on the back under one side of the torso. Proper care must be  
 taken to lay on his back. A little water should be given to  
 applied to the upper part of the torso. When on the lower  
 side the tumor has formed externally it has been suggested  
 that the tumor on each side should be opened and the tumor  
 cut out. There is danger in waiting or in opening it but the patient's life  
 must be kept in mind when it is in danger of opening itself. Mr. Hunter has observed  
 in danger of left to open itself. Mr. Hunter has observed  
 that all cases with rupture of opened vessels must be kept in mind  
 of the first cutaneous. He observes that the inflammation  
 usually attack every side of the cavity. which is the cause of  
 the other symptoms which follow.  
 Mr. Hunter has taken the following  
 Mr. Hunter is much prepared to open it so that



the side of the wound may unite by the first intention. he has  
 proposed to perform the operation with a lancet. the puncture  
 to be made in a longitudinal direction of the fibres, first to  
 make an incision through the skin and then to push the  
 lancet obliquely through into the abscess by which means we  
 make a vascular opening. we should use no probe or any  
 such thing to ascertain the depth of the sinus because they would  
 irritate the parts. When the matter is discharged bring the edges  
 together with adhesive plates. after the matter is discharged  
 a few times in this way in this way it may be opened with a  
 lancet freely without any danger as the sides of the sides of  
 the cavity will be brought together and so close as to be inflam-  
 med. This is the best method of treating the abscess. I  
 have tried this method myself and find it to answer very well.  
 although I have never been able to succeed in effecting a  
 cure, because all the cases I have seen have been atten-  
 ded with a caries of the vertebrae. However unfortunately  
 does not always unite by the first intention and when it does  
 not happen the inflammation which was spoken of before and  
 which is the fatal cause comes on (here the Doctor relates a  
 case) beside the different inflammation before spoken of there  
 are other and first.



the side of the mountain, and the first station he has  
proposed to perform the operation with a lance, the function  
to be made in a longitudinal direction of the spine, first to  
make an incision through the skin and then to pass the  
lance obliquely through into the bone by which means he  
makes a vertical opening. The result was no more or less  
such than to excise the depth of the tumor because the tumor  
distorted the foot. When this matter is brought to light the  
topple with advice, after the tumor is excised  
a few times in the way in that way it may be spread with  
local heat without any danger as the sides of the tumor  
the cavity will be brought together and so close as to be infirm  
again. This is the best method of treating the tumor.  
I have tried the method myself and find it to answer very well  
although I have never seen able to direct me in writing as  
I have become all the time. I have seen some have done  
it with a corner of the scutcheon. However, it is not  
good and always under of the first intention and when it does  
not happen the inflammation which was a sign of danger and  
which is the fatal cause of death in the scutcheon method  
can arise in the inflammation before a sign of danger  
is other and first.



# Of Eresipelas

This is a inflammation of the Cutis vera. it sometimes begin in the fore arm and spread over the whole body. This is frequently succeeded by chiverings, which is succeeded by a hot fit. the skin is of a light yellow in some cases and dark in others. if you press it with your fingers the colour disappears, but on removing the pressure the colour returns. the pain is of a burning kind, the inflammation is much diffused frequently spreading in one part while it subsides in another. situated in the face it is attended with itching.

Eresipelatous Inflammation differs from the adhesive inflammation, in which coagulating Lymph is thrown out but in the former (eresipelatous) serum is thrown out, frequently in cells which form blisters on the surface of the body. Sometimes the serum escapes into the cellular membrane forming a tumor which fill like a ganglion suppurates, sometimes suppurate running from cell to cell in the adipeous membrane causing death. When mortification take place in the cellular membrane it is discharged in flakes like wetton and is very offensive.

This is mostly the case when it is situated above the arm. Eresipelas generally terminates in about ten or twelve days.



# Of Erisipelas

This is a inflammation of the cutis or skin. It is sometimes called in the face and arms, and spreads over the whole body. It is frequently preceded by chills, which is succeeded by a hot fit. The skin is of a light yellow in some cases and dark in others. It is attended with itching, the patient complains of a burning pain, the inflammation is much diffused, frequently spreading in one part to another. It is attended with the fever, which is attended with

eruptive, in which coagulated lymph is thrown out and in the former (eruptive) it is thrown out frequently in cells, and forms blisters on the surface of the body. Sometimes the skin is raised into the cellular membrane, forming a tumor which fills the a dangerous suppuration, sometimes it is running from all to all in the cellular membrane, causing boils. It is sometimes taken place in the cellular membrane, it is attended with fever, inflammation and is very offensive. It is usually the case it is attended with a fever, which terminates in about ten or twelve days.



Causes The remote cause are so similar to those that  
excite common inflammation that I shall not enumerate them  
it sometimes comes on spontaneously or without any appearance of  
causes

In England bark is the cure. the cure is much the same  
as in common inflammation. it may generally be removed by attend-  
ing to the antiphlogistic regimen, before suppuration take place  
but when suppuration supervene it must be opened early to prevent  
it escape into the cellular membrane. poultices before suppuration  
taken place are improper.

Rye flour sprinkled on the part affords ease. the appli-  
cation of a blister in such a way that it shall be partly on the  
sound and partly on the inflamed part is of great service. When  
the part begins to heal an excoriation of the cuticle, like  
bran is a favorable symptom.



17  
The first part of the paper is devoted to a  
general statement of the facts and circumstances  
of the case, and is written in a clear and  
concise manner.

The second part of the paper is devoted to a  
detailed statement of the facts and circumstances  
of the case, and is written in a clear and  
concise manner.

The third part of the paper is devoted to a  
detailed statement of the facts and circumstances  
of the case, and is written in a clear and  
concise manner.



# Edema

Same as in the skin though it may sometimes be seated deeper. In inflammation water is evacuated. It is probably the same as adhesive inflammation originally taking place in parts disposed to dropy, it is attended with a burning pain.

## Treatment

The usual application is bread or bread and Milk poultices with it or with saccharum Saturni which is more useful than any thing else

## Burns

The morbid effect produced by the application of heat differ according to the intensity of it, and the time of its continuance. Its effects are

1<sup>st</sup> When the degree of heat is low a redness only of the part affected takes place

2<sup>d</sup> Overheating causing a separation of the cuticle attended with an effusion of serum.

3<sup>d</sup> The death of the part forming an eschar by the caustic.



# Thema

It is a very common error to suppose that the  
ancient Greeks were a very ignorant people. It is  
true that they were not acquainted with the  
principles of geometry, but they were very  
skilled in the art of reasoning.

## Thema

The ancient Greeks were a very  
skilled people in the art of reasoning.  
They were not acquainted with the  
principles of geometry, but they were  
very skilled in the art of reasoning.

## Bonus

The ancient Greeks were a very  
skilled people in the art of reasoning.  
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the heat of the burning coal or any of the melted metals will produce this effect. Sometimes the bones are disorganised by heat, and it frequently terminates in death. When the life of the part only is destroyed the patient did not feel any great pain after the first effects are over, till three or four days when the inflammatory process takes place for the restoration of the dead part.

I saw a little boy who undertook to walk the walks the edge of a chaldron which was full of boiling water in a soap manufactory, when his foot slipped and he plunged in the midst of it, he was wet nearly two third over and his clothes keeping the heat to the part a considerable while he was very much burned. his pulse was scarcely perceptible, his extremities cold and a very heavy drowsiness prevailed. he was very restless and kept constantly changing his position, he spoke not at all except when asked a question and then he answered very rationally and when interrogated about his feelings he said that he felt no pains. he died in about six hours, when these symptoms are produced by fire, the patient seldom if ever recovers.

Burns affect old people the most through the process fatal at times to all ages. a deep burn if it be of small extent or spread but little is but a small injury. but if it be of great extent though very superficial it is extremely



the time of the burning out a way of the water  
which will produce the effect. In the case of the  
of heat, and it frequently terminates in death. When the  
of the first only is destroyed, the patient is not yet cured  
for after the first effect is over, the blood is again  
into the system, and on taking place for the restoration  
of the blood.

I saw a little boy who undertook to walk the walk  
the edge of a chert which was full of boiling water in a soap  
manufactory, when he first stepped out he fell on his back  
of it, he was not nearly two feet over, and he with his  
and the head to the feet a considerable while he was very much  
burned. His father was very much distressed in cold  
and a very heavy counterpane. He was very much  
kept constantly changing his position, he spoke out at all  
- kept when other a question and there he answered every  
- tionally and other interrupted about his feeling he said that  
he felt the same. He got on alone the same when there  
symptoms are produced by fear, the patient seldom if ever  
recovers.

During the first 24 hours the most through the process  
fatal at times to all ages a deep burn it is of small  
of heat or spread but little a small injury but if it  
is of great extent though very superficial it is extremely



Dangerous

It then burns happen on the head they occasion inflammation of the Dura mater. burns occasioned by any of the melted metals appear to be of no serious consequence at first, but sometimes the skin and vessels slough off and leave the bones bare, hectic fever come on and amputation is absolutely necessary for the recovery of the patient.

I consider inflammation resulting from burns to be different from all other inflammation. in the first place the pain is of a different kind from that of all or any other inflammation being of a burning kind, not being capable of resolution and causing ulceration of the part underneath which throws up fungous granulation that are very difficultly suppressed. The cicatrices formed by ulcers resulting from burns have a disposition to contract more than other. Cicatrices not the result of burns causing there by a much greater deformity of the part affected they are cured by totally different remedies, as volatile alkali, spirit Menthula. &c.

## Treatment

The remedies employed in the cure of burns are very numerous, they are either general or local. most authors advise depleting in burns indiscriminately; but they should not be used unless fever and great inflammation supervene. if the burns be







extensive and the patient very weak he may be supported by bark and wine and even brandy and water. he should have any nourishing aliment he could desire. if the symptoms be cold apply sinapism. if from the irritable state of heatment inflammation & fever supervenes blood letting and a more spare diet will be necessary.

The local remedies generally advised cool water, soap and the Mr Earl in a small treatise recommends ice above all other remedies, vinegar and water this is a good application, lime water & oil then form a crust like a cuticle and the common people use a scraped potatoe. of late very stimulating applications have been used as volatile saltn spirit turpentine &c and latterly Mr Keutiff X has used the spirit turpentine combined with baulicon & I have used it with very good effect in many cases. The remedies counteract the worst of these applications are cold water &c act only as palliatives, relieving the pains and soothing the part for a while, but the turpentine and baulicon spread on rags and applied is a preeminent application and very useful, volatile alkali & vinegar are very good applications. I have used vinegar with very good effect. The turpentine and baulicon should be applied only on the inflamed part, for if it be in contact with the sound skin it will cause pains and great inflammation and swelling of the part we frequently not called into cases of burns for several days after they have happened when a number of applications have been tried I have applied turpentine and baulicon when not called for three X







or four days after the accident. in one case of a burn of a Child the turpentine & baillicum was applied but owing to the superstition of the parents together with the clamour of the old women, it was omitted for three or 4 days without my knowledge, the Child became worse and a fungus arose over the surface of the burn, I was sent for again and the part was sprinkled with burn alum. the turpentine and baillicum was again applied which soon cured the patient.

In the case of a patient who was burned with gun powder this remedy was used the pain left it entirely about 2 hours after the application of the ointment, however he frequently complained of a pain in his little finger which upon examination appeared not to have of any of the ointment on it and on its application to this part the pain quickly ceased and the inflammation subsided and he was soon cured.

Spirit Turpentine is one of the best application in these Cases.

Inflamed parts when in contact are very apt to grow together so that we should be extremely carefull to keep the dressing between inflamed surfaces which lie in contact with each other when they are suppurating and granulating, otherwise the parts will adhere by the union of the granulation. I know a case where the fingers of one hand adhered to each other in consequence of a severe burn. which evinces the necessity of keeping the dressing between each inflamed surface, I know once



as far as the eye is concerned, it is not possible to see the  
-the. It is not possible to see the eye, but it is possible to see the  
together with the colour of the eye, it is possible to see the  
eye without any knowledge. The eye is not a simple organ, but a  
over the surface of the eye. It is not possible to see the eye, but it is possible to see the  
frankly. It is not possible to see the eye, but it is possible to see the  
applied which can cure the patient.

Of the eye of a patient who was blind with one eye  
this remedy was used. The eye was blind about a year after the  
application of the remedy. However, the patient was cured of a  
pain in his left eye, which was a sign of a disease. It is  
not possible to see the eye, but it is possible to see the  
the eye quickly cured, and the patient was cured.

A good physician is one of the best application in the

of the eye. It is not possible to see the eye, but it is possible to see the  
-the. It is not possible to see the eye, but it is possible to see the  
together with the colour of the eye, it is possible to see the  
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over the surface of the eye. It is not possible to see the eye, but it is possible to see the  
frankly. It is not possible to see the eye, but it is possible to see the  
applied which can cure the patient.



a scold upon the parts of the generation of a young man, which for want of proper care to keep the part separate while healing all united together the penis to the scrotum and then to the thigh. The young man did not like such a confined mass and applied to Mr Hunter for relief who undertook his care and was fortunate enough in removing it about a couple of inches to the no small satisfaction of the patient.

burnt parts Sometimes form a ligature round the limb stopping the circulation of the blood in the part below the ligature and thereby producing mortification. When ever this circumstance take place the band should be cut open.







# Of Mortification

Mortification is the certain death or destruction of any part it is of two kinds inflammatory or than produced by inflammation

& debilitative or than produced by languor of the first kind the cause are violent contusions and the application of a violent degree of heat or cold

The cause of the second are the destruction of the circulation of the blood in the part either by pressure or by tying the principal artery. They both operate the same way by <sup>cutting</sup> ~~cutting~~ of the necessary supply of blood. When a part loose its life by mortification it first become purple, then blue then black. The cuticle soon separate from the other parts bread and milk poultice should be applied to the part and continue until the part separate. in case of violent inflammation the evacuation should be promoted, and

Opium given to relieve the pain. a small degree of inflammation is salutary, intense cold if not severe enough to kill produces a paleness of the part which is opposed which is succeeded by redness and is attended with a burning sensation and soreness of the parts affected. if the cold is continued it loose its sensibility and at length dies. Snow or fresh spring water should be applied to the part affected; after which the warmth







of the part should be gradually increased to a comfortable state mortification often comes on without any apparent cause:

of Mortification produced by inflammation there are two kinds. The first is when the inflammatory action is too great for the power of the part to support. in the second there is something peculiar in the nature of the inflammation, so that the inflammatory action does not seem to produce its destroying effect by its degree of violence. Witness by a bungling operator on the Hydrocele injected into the cellular membrane of the Scrotum which by being destroyed sloughed out the whole cellular substance came away with an intolerable fetor. The escape of urine into the cellular membrane has produced the same effect

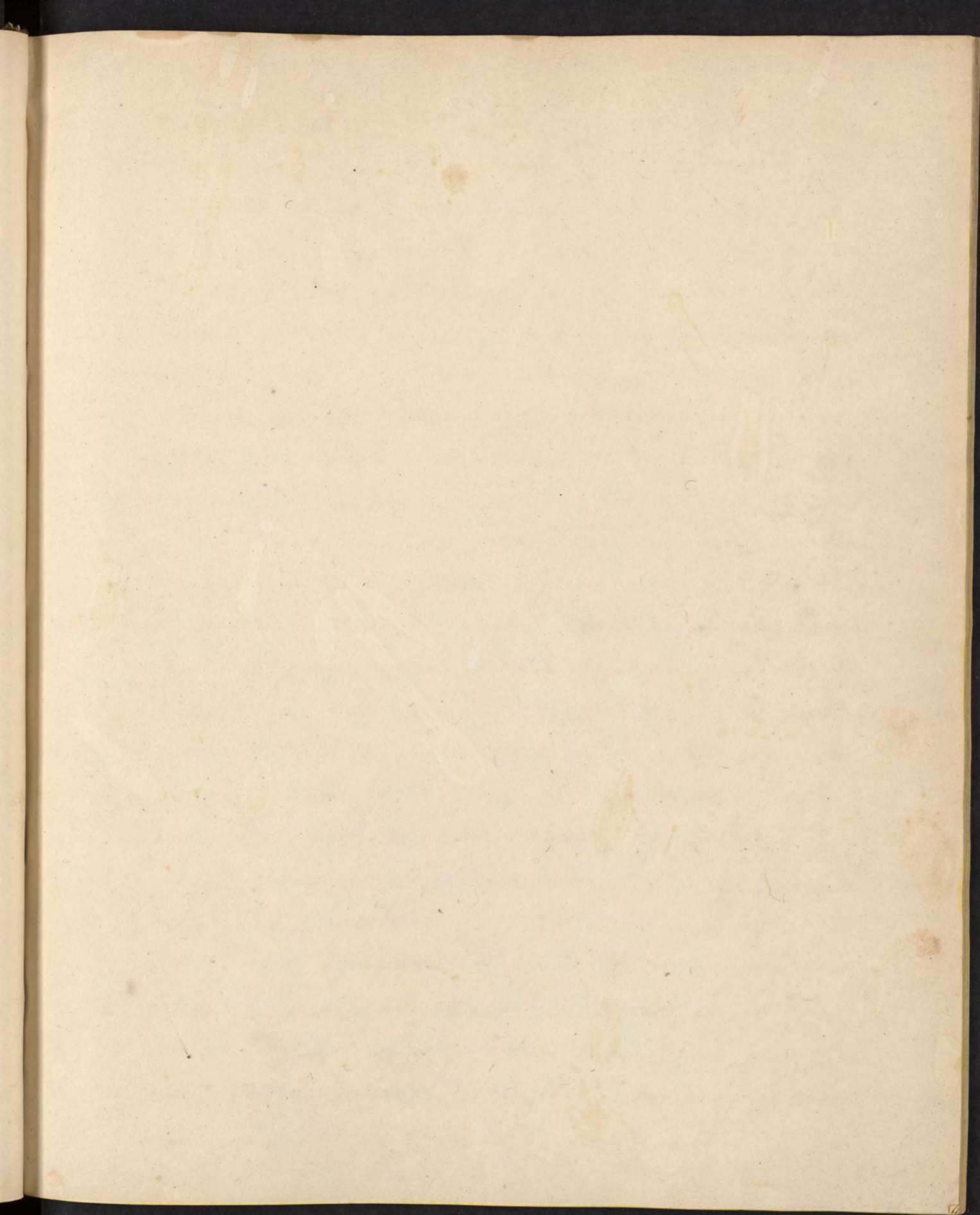
Mortification often takes place in the toes (of old people specially) it commences with pain and slight inflammation of a purple colour. vesication sometimes takes place round its edges, but not always, the progress for the most part slow, but in some it is rapid and painful. The upper part of the foot swells and the cuticle becomes detached. I have known it arise from the prick of a knife in cutting corns. in the cure opium is the best all the Stimulating medicines as Spirit turpentine, Eucalypti Oil &c should be avoided. never make Scarifications or apply Stimulating substances to assist in



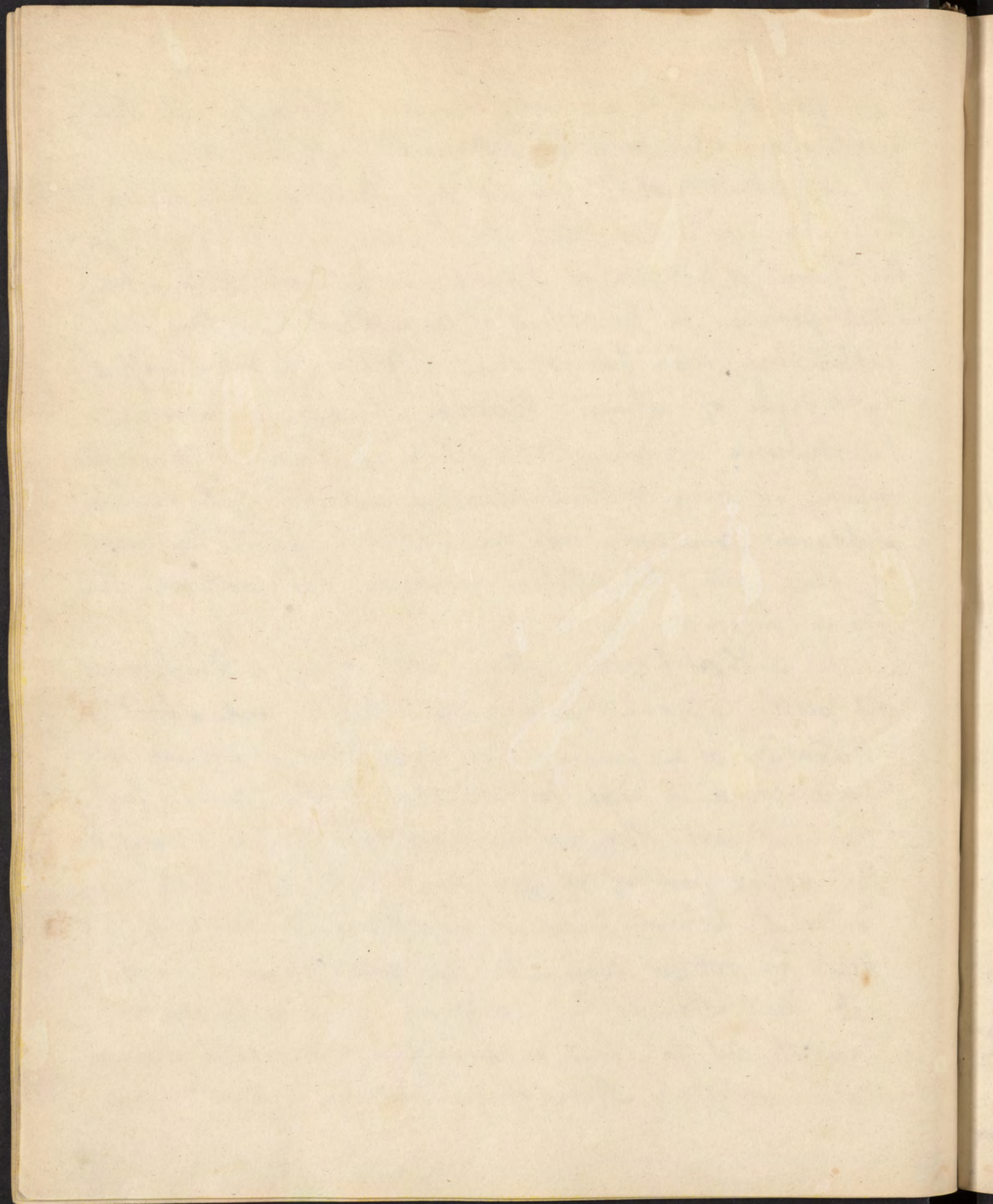
of the front should be gradually increased to a comfortable state  
of stimulation after some one within any of the room  
of stimulation produced by stimulation there are the  
first. The first is when the inflammatory action is too great for  
the power of the front to support in the second there is some  
other pressure in the nature of the inflammation, in this the  
inflammatory action has not been so far as to produce its depressing effect  
by its degree of extension. When by a banding operation or  
the hypodermic injection into the cellular membrane of the chest  
which by being brought together and the whole cellular  
absorption some away with an intolerable force. The escape  
of urine into the cellular membrane has produced the  
same effect

of stimulation after some time in the case of  
old people (especially) is common with pain and slight in  
= stimulation of a single cellular membrane of the chest  
then around its edge, but not always, the process is for  
the most part slow, but in some it is rapid and painful  
the upper part of the face swell and the cellular membrane  
detached. I have known it arise from the prick of a  
knife in cutting corn. in the case of tumor in the ear  
all the stimulating medicine or spirit is applied  
Emetic Oil is used to be avoided. however it is  
cotton or apply stimulating substance to part in









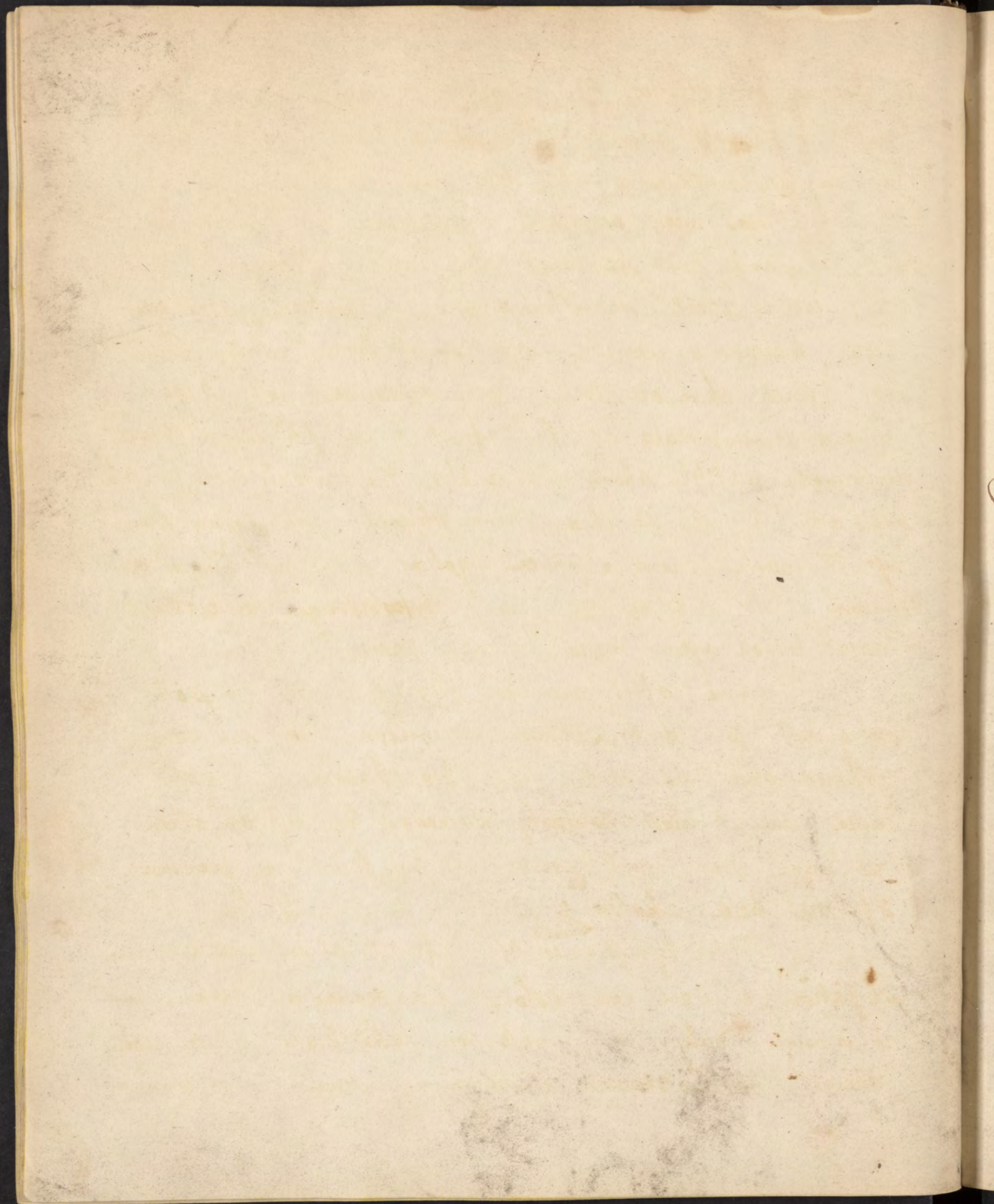


During the course of illness my condition was  
such that it was difficult to get a good knowledge of  
the disease. I was confined to bed for some time. The  
disease was severe and it was advised to amputate the diseased toe.  
But this should not be done when the mortification is progres-  
sing. And it is true. The stump and the part of the toe  
which remained, gave much unnecessary pain, in a case of mortification of the  
foot. Which came on under a very offensive smell. I was  
induced to amputate at the request of the patient. It was  
performed a little above the ankle. The arteries were completely  
affected so much so that I was obliged upon tying them  
up to insert three sutures together with my finger and  
thumb with a view to prevent hemorrhage & to prevent  
pain. Which often occurs in such cases.

During the period of illness I was a patient  
of great size of sacrum in position who was long  
confined on this back from back to back and still  
suffered from it most severely provided by inflammation.  
I have seen qualification in this kind very common  
of the bed. adhesion.

The symptoms of a mortification are a burning  
pain, a dark red color disappearing on pressure and  
returning slowly. A tumefaction takes place which ends  
usually in the separation of the part. I have often seen







in throwing off Slough off without any assistance, Blisters should not be applied to this kind of Mortification, for what so ever irritates or stimulates the part increases the Disease. it has been advised to amputate the diseased toes but this should never be done when the mortification is progressing least it attacks the stump and the patient undergoes much unnecessary pain. in a case of mortification of the foot which came on with a very offensive smell, I was induced to amputate at the request of the patient. it was performed a little above the ankle, the arteries were completely effused so much so that I was obliged upon tying them up to mash their surface together with my finger and thumb with a vice to prevent hemorrhage & a circumstance which often occurs in such cases.

Pressure often produces Mortification in parts contiguous to the os sacrum in person who are long confined on their backs from broken bones and other causes and it most commonly preceded by inflammation I have seen mortification in the arms by pressure of the bed clothes.

The symptoms of Mortification are burning sensation, a dark red colour disappearing on pressure and returning slowly. a tumefaction takes place which readily receives the impression of the finger. Small blisters containing







a thin acid Serum, arises ~~around~~ the edges. as the disease advances Globles are thrown out.

The remedies for Mortifications are general and local. The general remedies bloodletting if inflammation be present but if it proceed from languor or debility of the parts (if the theory which I have advised that the disease depend upon too much action be just) then all stimulating applications as cret. oil, baham. cordials and scarifications together with opium, nourishing diet barks &c should not be made use of; but if the patient be accustomed to the use of wine it may be continued to a certain degree in almost every instance the local remedies are blisters to the part affected, the charcoal poultice is highly serviceable to prevent the swelling of the dead parts. When Mortification ensues from erysipelas in the cicatrix vera and pus has made its way into the cellular membrane it should be laid open freely and treated with bread and milk poultice.

in Mortification of the leg pressure should be avoided, for this purpose the leg may be supported by pillows placed under the thigh. I have been in the habit of using acid Nitric diluted with an equal quantity of water, it corrects the fetor by stopping the putrefaction process. it may also stimulate the absorbents to a quicker action and cause separate the dead parts.



Admission tickets are \$1.00 each.



more rapidly, it should not. However be applied too near the living parts or it will cauterize them. if the weather be very warm magots are apt to form in the dead part wash them with this diluted acid and it will remove them.

The second species of Inflammation is that peculiar kind which produces Carbuncles. They are circumscribed hard tumours. They begin in the Skin like pimples are of a dark red colour with pale edges attended with burning pain. a kind of suppuration takes place in the cellular membrane: but good healthy pus is never formed. They occur on the back and sides and most frequently in people who have lived well. They are dangerous and numerous they sometimes though very rarely occur on the head. much however depends upon the strength of the constitution

A case of Dr Wistar's will serve to show the peculiarity of this kind of inflammation he was called to a man between fifty and sixty years of age, in consequence of one of the carbuncles upon his leg, a circle of inflammation surrounded the tumour. The Doctor was called about three days after the commencement of the disease: after trying a number of remedies. Dr Munges was consulted who said he was well acquainted with them in France and had cured several of them by scarifications, accordingly he was scarified transversally about a quarter of an inch all over the surface and then circular incisions was made all round it. this cured it.







it operates by changing the mode of action to the adhesive inflammation. Some years ago I was led by the uncertainty of the remedies employed in gonorrhea, to seek for remedies more certain and effectual in its operations. From the good effect of blisters in many cases I was induced to try them in urtication and they succeeded beyond my most sanguine expectation. The good effects of blisters may be seen in the case of P. C. (related in a volume of D. of Museum. who under mistake has used *Polygonum Persicaria* or common arsmart in a common after occurrence of life. in consequence of which a violent inflammation ensued in the regio ani. and on the Scrotum. the antiphlogistic regimen was tried but without any benefit and after (in the most dangerous state) resisting bark and other antiphlogistic remedies, it was cured by the application of a blister to the part affected.

The Pain in urtication is caused by inflammation and spasm of the vessels. a Patient of mine was affected by a violent pain in the foot. a small redish spot was seen at the top of it appearing at first like Echinom which after words disappeared and then came again a little above the ankle. The patient now complained of great pains when the foot was raised up, but which somehow abated, upon sitting it down owing to the diseased action of the vessels, because the blood falling thro' vessels are overcome the spasm. then was the cause of the pains for when the foot was raised the vessels was cramped of their distending



When the force was raised the report was accepted of their continuing  
are over come the epidemic, there was the cause of the pain for  
Great action of the virus became the blood falling that virus  
which however was related upon it and it came owing to the  
circumstances of great pain when the foot was raised up, but  
and the virus again a little above the ankle, the patient now  
appearing at first little better, which after two or three days  
was in the foot, a small red spot was seen at the tip of a  
phalanx of the thumb, a violent of pain was affected by a violent  
The pain in the foot was so much increased by inflammation and  
collection of a blister to the foot affected.

Foot and other cutaneous eruptions, it was caused by the effects  
without any benefit and after (in the last hospital) refusing  
and in the eruption the cutaneous eruptions were seen but  
appearance of which a violent inflammation existed in the region and  
in common. General in common after a course of life in common  
for unknown who under similar was not. Yellows, Yellows  
may be seen in the case of Y. E. Yellows in a system of  
of very great eruptions, a fact that the great effects of Yellows  
case I was induced to hope from the inflammation and the eruptions  
affected in its operation. From the great effects of blood in many  
circumstances employed in patients, to look for similar was certain and  
in common. Some years ago I was led by the case of Yellows



blood and the convulsive action of the vessels took place.

Charcoal poultice was applied on his foot. his bowels were much ~~disturbed~~ disordered owing to his having taken so much Laudanum which was obviated by his taking a purgative. The bark was given largely to the extent to half a pound in 24 hours but without any good effect, application of bark and brandy was made over the stomach and 5 grains of volatile alkali given every two hours. The Bark was now omitted as it was found to be of no benefit. Some Senega & Manna were given to obviate costiveness. but notwithstanding these applications the mortification still increased. a blister plaster was applied to which stopped the mortification. and changed the liver color which passed to a pale red under the blister; the fermenting Charcoal poultice was omitted and another blister applied just below the first on the limb which was of a dark colour and cold. the dead part was washed with a mixture of Nitric acid and equal part of water. the mortified part after this gradually sloughed off and the patient is now recovered.

When Mortification is caused by inflammation a blister should be applied. Blisters have been lately found as effectual in Carbuncle as any other kind of inflammation especially in relieving immediately than discharging by burning sensations. I lately cured one in the back of a lady as large as a common plate which she compared to a warming pan of hot coals. the sensation was distressing







as soon as the blister was applied the mortification ceased the  
 dead part sloughed in a few days and the sore healed kindly  
 Mr Hunter's theory I believe is now pretty generally recei-  
 ved that is an increase of action beyond what the power  
 of the part can bear. but I am rather inclined to think  
 than in every species of mortification there is something pecu-  
 -liar leading to the death of the part, something more  
 than the violence of inflammatory action for if it depend  
 upon the violence of the action alone, the application  
 of a blister which is highly stimulating ought to produce  
 the death of the part more quickly by producing a still  
 greater increase of action. but on the contrary, the effect  
 a cure. I believe by altering the disposition, by changing  
 the mode of action from the disease to the healthy  
 kind.



in room on the floor was after the investigation was made  
that part of the floor was a few days and the room had been  
Old Hunter's theory. I believe it was fairly generally  
held that an increase of action depends on the amount  
of the part can bear. But I am rather inclined to think  
that in every species of organization there is something  
-less leading to the state of the part something more  
than the action of inflammation action for its effect  
upon the action of the whole. The explanation  
of a blue which is highly stimulated ought to produce  
the state of the part more quickly by producing a still  
greater increase of action. But in the contrary the effect  
is more of belief by allowing the position, by changing  
the mode of action from the business to the healthy  
mind.



# OF Wounds

A wound may be defined a separation of external part, by mechanical action, they differ according to the situation of the part injured and the manner by which the injury is sustained.

There are two kinds of wounds, incised and contused.

an incised wound is made by a clean sharp cutting instrument

a Contused wound is always accompanied by bruising of the soft part and is divided into three kinds viz; lacerated punctured and gun shot or penetrating wounds. They are always attended with a greater or lesser effusion of blood; but in lacerated large vessels are often divided without any considerable Hemorrhage. Incised wounds bleed much more than contused ones. because in the first case there is nothing to prevent a flow of blood, but in the latter the dead matter at the end of the arteries caused by the contusion act as a Stimulant to coagulate the blood

The Doctor relates a case from Cheseldon) I once saw a case where a boy has his arm ground off in a mill between the Elbow and shoulder; in this case scarcely any hemorrhagy occurred owing to the contused ends of the



# Of Wounds

A wound may be defined a separation of  
external part, by mechanical action, the after action  
the destruction of the part injured and the removal  
of which the injury is continued.  
There are two kinds of wounds, namely

and contused.

on which wound is made by a sharp

cutting instrument.

A contused wound is always accompanied by

bruising of the soft part and is divided into three kinds

namely, lacerated, punctured and gun shot or puncture

ing wounds. They are always attended with a greater or

lesser effusion of blood; and in lacerated large vessels are often

divided without any considerable hemorrhage. Lacerated wounds

shed much more than contused ones because in the first case

there is nothing to prevent a flow of blood, but in the latter

the blood settles at the bottom of the wound, caused by the action

being not so abundant to coagulate the blood.

The Doctor relates a case from (Foster) once seen

a case where a dog bit his own paw off in a small

between the elbow and shoulder in the same manner

and hemorrhage occurred owing to the cord being cut off.



Arteries causing the blood to coagulate in their extremities and formed plugs than stopped the hemorrhage. an incision with a knife would have caused a much greater flow of blood there are three ways in which Hemorrhage may terminate in contused wounds.

- 1<sup>st</sup> by a diminished power of circulation
- 2<sup>d</sup> by a coagulation of blood forming plug.
- 3<sup>d</sup> by pressure caused by an infusion of blood in the cellular membrane which pressing on the side of the vessels lessen their Diameter.

Bruised parts cannot bleed much, the Hemorrhage is stopped, by the bruise causing the coagulation of the blood, the coagulation take place first round the vessels contused wounds by the violence of the pressure occasion the death of the ends of the vessels. in incised wounds the first thing necessary to be attended to, is the stop of blood; this is sometimes in great quantities, but not unfrequently. a short time after the injury it spontaneously cease a coagulation is formed and as it were plugged up the ends of the vessels, if this be not the case it may sometimes be stopped by pressure made by the fingers: but should this fail a tourniquet must be applied above the elbow if the wound be on the arm, and above the knee if the wound be on the leg. because there being one



causing the blood to coagulate in their extremities and  
forming plugs that stopped the hemorrhage. an incision with  
a knife would have caused a much greater flow of blood  
than one made in the artery. However, they may form  
= plugs in coarcted wounds.

1st of a diminished power of coagulation  
2nd of a coagulation of blood forming plugs.  
3rd of pressure caused by an influx of blood into the  
cellular membrane which pressing on the sides of the vessels  
closes their orifices.

Diminished power of coagulation occurs often much, the hemorrhage  
is stopped by the blood causing the coagulation of the  
blood, the coagulation takes place first around the vessels  
contracted wounds by the violence of the pressure, occurs in  
both of the ends of the vessels. in incised wounds the first  
thing necessary to be attended to is the flow of blood; this  
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elbow if the wound be on the arm, and above the knee  
if the wound be on the leg. because these being over



one bone in these places the pressure will be more effectual  
 than if the tourniquet was applied on the fore arm. or below the  
 knee. if it be applied above the knee a compression or pad must  
 first be applied on the artery. the hemorrhage being stopped the  
 part must be washed clean with warm water and search made  
 for the bleeding vessels which being found they must be drawn  
 out with a tenaculum and secured by ligature. it is necessary  
 to tie both end of the bleeding vessels if they be large otherwise  
 the hemorrhage will carry on by anastomosing branches. When  
 an artery is divided in the body so that it cannot be got as  
 easily it is necessary to press the tenaculum along with the  
 finger (after being previously tied a single knot over it and the  
 tenaculum) till you come to the arteries as soon as you can  
 get hold of the bleeding vessel slip the noose over it, and  
 secure it. in cases where the tenaculum cannot be used where  
 the vessels have so much contracted that we cannot see the  
 orifices resources must be had to the needle passing it round  
 a portion of the flesh tying it all up together. if the orifice  
 of the wound be too small enlarge it with a Scalpel this  
 however seldom happens. if an injury be received on the  
 upper part of the arm the tourniquet cannot be applied  
 here compression with the finger may be made on the sub-  
 clavian artery just where it goes over the first rib, or if  
 the injury be done to the upper part of the femoral artery



the injury be done to the upper part of the femoral artery  
the companion with the finger may be made on the 2nd  
upper part of the arm the Thompson's can be applied  
however seldom happens if an injury be received on the  
of the wound be too small it may be with a ligature the  
a portion of the flesh lying all up together if the injury  
or the wound must be laid to the vessel having it round  
the vessel have to much contracted the the wound the the  
the in case where the Thompson's cannot be used when  
get hold of the bleeding vessel with the vessel and it can  
be cut down to the vessel in case in case in your case  
finger after being previously tied a ligature that order in the  
easily it is necessary to join the Thompson's along with the  
an artery is cut down in the body to have it closed by put a  
the Thompson's will close or by suturing the wound to have  
to the both end of the bleeding vessel if they be large arteries  
out with a Thompson's and secured by ligatures it is necessary  
for the bleeding vessel which being found they must be done  
first must be treated then with warm water and great care  
first be applied on the artery the Thompson's being placed the  
then if it be applied above the knee a Thompson's or ligature  
can done in these places the Thompson's will be more effective



pressure may be made on the groin just where the artery passes out of the abdomen. . . Sometimes pressure may be made above the wound to form a plug or coagulum in the extremities of the divided vessels and so put a stop to the bleeding.

It sometimes happens that vessels are divided in such a situation as not to admit of this kind of treatment, as the extraction of tumors from the mouth & nose which are supplied with arteries. If only one vessel be divided the hemorrhage may sometimes be stopped by holding a compress of lint for a few minutes on the orifice if the effusion take place from a number of small vessels it may be restrained by a compress of lint, coal pulverised, the application of dry sponge vegetable, astringents &c &c but if this is insufficient resources must be had to the more severe method of hot Iron. We sometimes find that when the vessels are injured if the external communication be small than the coagulation of the blood will stop the hemorrhage. I saw an instance of this kind where a boy in quarrelling with his school fellow received a wound in the ham with a pen knife. The immediate consequence of which was an effusion of blood into the cellular membrane of the muscle causing great pain the whole calf of the leg was very much distended in this situation he walked home increasing the pain on turning he went to bed and next morning both pain & tumor.



he went to bed and next morning both from & to  
situation he walked home increasing his pain on  
the whole top of the leg was very much distended  
into the cellular membrane of the muscle causing great pain  
immediate consequence of which was an effusion of blood  
received a wound in the arm with a penknife. The  
the kind where a dog is quarrelling with his rival  
blood will stop the hemorrhage. I then on inspection of  
external common situation he walked for the collection of his  
his domestic find that there is no more as if from the  
and he had to the on but over walking at that time  
repeatedly attending to the out of him is sufficient cause  
comparison of that cool patient, the application of my hands  
from a number of small vessels it was to be expected by a  
for a few minutes on the surface of the effusion to be  
very constant. It stopped by holding a compress of hot  
with oil. I only can be said to be the temperature  
operation of tumors from the heat & more which are sufficient  
distention on not to remove of the kind of treatment as the  
I sometimes happen that vessels are united in such a  
of the divided vessels and is put a stop to the bleeding  
the moment to form a plug or coagulum in the opening  
out of the bottom. Some men (French) may be made to do  
however may be made in the open air where the nature of the



was gone; supposing himself well he got up dressed himself and went down stairs when the tumor immediately returned, he went to bed again and the tumor subsided. this alteration was experienced two or three times; at this time I was called and immediately pronounced a wound of the popliteal artery. advised the boy to be put to bed and raised the limb to take off the pressure of the blood by gravity the volume of blood was lessened by two or three bleedings in about a fortnight or three weeks he was quite well. in such cases no probe should be used to ascertain the depth or situation of the wound, lest you destroy the plug in the orifice of the artery and bring on hemorrhage. the practice of some surgeons stuffing the part full of lint is very injurious and ought to be avoided lest you tear open the coagulum which nature has kindly formed.

after stopping the hemorrhage bandage, adhesive plaasters or sutures must be had recourse to, for approximating the edges of the wound, and if the injury be done to the extensors of the limb in an extended position it may be necessary to apply a long splint to secure the limb in an extended position. in most cases the adhesive plaister will be found sufficient but in wounds of the abdomen sutures must be used.



was first, supposing himself well to get to the  
-self and went down when the house was empty  
returned, he went to bed again and the house was empty  
the attention was called to the house, at this  
time it was called the immediately afterwards a room of  
the hospital was opened the way to be put in the  
corner the kind to take off the pressure of the body of the  
the system of blood was taken by two or three bottles  
on a stool a fortnight or three weeks in the hospital  
in such case the hands should be put in a position  
the right or situation of the hand, but the right  
the right in the position of the hand and then on the  
-hand, the position of the hand, a little the right  
full of blood is very important and useful to be avoided  
but you see after the operation which nature has  
kindly formed  
after supposing the hand to be empty, the  
the position of the hand, but the right  
approaching the edge of the hand, and the right  
be close to the position of the hand in an upright  
position it may be necessary to apply a little  
to secure the hand in an upright position, and  
also the position of the hand will be found to be  
not in the position of the hand, but the right



or else the patient will be liable to hernia in this place the  
 coagula should be washed away and then the adhesive plaster  
 spread on leather or linen should be applied transversally  
 across the incision drawing the Edges together, they should be  
 applied in such a manner as to favour the escape of bloody  
 matter and pus for if it be confined it may collect in the cellular  
 membrane forming an abscess. This Separation of the flaps  
 is more especially requisite when an artery or vein has been  
 taken up so that the pus that it is necessarily formed may have  
 passage to escape, after the sides of the wound are drawn  
 together and secured by adhesive plasters a portion of linen  
 suited to the Size of the wound and spread with any kind  
 of cerate may be applied to it, on the top of which a compress  
 of linen is to be applied and the whole to be secured by a  
 bandage. This dressing should not be removed under 24  
 hours in which Time I have seen an union of the divided  
 parts. Inflammation only now is to be feared, and if it should  
 run high blood letting must be used according to the symp-  
 -toms; low diet rest. &c. purges may be employed occasional-  
 -ly to prevent costiveness. if no inflammation be present and the  
 patient be weakened, he may take some animal food, or  
 some inflammation is necessary to cause an union  
 this practice is recommendable except in wounds caused



the first, will be liable to become in the future the  
capital should be worked away and then the others should  
be made or better or more of the same material  
over the entire covering the top together, then should be  
applied in such a manner as to form the surface of clay  
mud and for it to be confined it may be in the shape  
mud and forming an arch. The separation of the shape  
is more especially required when an arch or even has been  
taken up to the top. The fact that it is necessary to form away from  
together to carefully, after the first of the stone are placed  
together and secured by chains, placed a portion of the  
interior to the top of the stone and placed with any kind  
of stone may be applied to it, in the top of which a surface  
of stone is to be applied and the whole to be secured by a  
bandage. This bandage should be secured under the  
band in which there is an union of the divided  
part. The bandage only now is to be placed and if it should  
be high, the bandage must be used according to the shape  
of the stone. The purpose may be employed or applied  
up to prevent continuing. If an instrument is placed under  
the stone to prevent, he may take some animal food, as  
some information is necessary to know an animal  
the position is necessary to be left in the same position



by flap. which should be left to suppurate as part of the  
 flap may be left in the wound. even transverse incisions  
 may be remedied by adhesive plaster, they will be generally  
 found sufficient when the limb is placed so as to cause no  
 restraint in bringing the edges of the wound together. this should  
 always be preferred to sticking it up with a needle and thread  
 for two reasons.

1<sup>st</sup> avoiding pain

2<sup>d</sup> every stitch of the needle add a new punctured  
 wound to the injury also thread mostly occasion suppuration by  
 the irritation it produces.

but there are some parts where suture must be used as in the  
 eye lid, nose ear scrotum, abdomen and particular affections of  
 the scalp &c where the parts are so flexible as not to admit of  
 any other treatment. we should be careful in injuring the scalp,  
 not to draw the divided edges too much for the purpose of bring-  
 -ing them together, least by over straining the flap we produce  
 mortification in the part by stopping the circulation



of space which should be left to support a part of the  
glass may be left in the frame. One however  
may be removed by adhesive plaster, they will be generally  
found sufficient when the pane is placed as in the  
sketch on drawing the edge of the frame together. The pane  
always be perfect to fitting it up with a screw and the  
for the reason

1st arising from  
2 every bit of the needle and a few hundred  
being to the right the thread mostly occurs different by  
the relation of pressure.

but there are some parts where there must be work in the  
by the more even position, a common and particular attention of  
the work. We have the part as to figure as not to come of  
any other position. We have to be careful in joining the work,  
not to show the broken edge. The work for the purpose of being  
and then together, least by over stitching the life the pressure  
in the part of stitching the work.



## Punctured Wounds

A Punctured wound is the separation of the soft solids communicating externally by a small opening, the irritation is greater here than in incised wounds. in case of punctured wounds we should be very cautious in using a probe for the purpose of investigating the extent of the wound since by that means we irritate the wound and destroy any adhesion which may have taken place and thereby prevent or retard the cure. it is better to make an incision to examine for any extraneous substance near the surface than to use the probe or the forceps for that purpose. This should be done soon after the accident's happening or else it should not be done until suppuration takes place. when matter shall collect in a punctured wound and the extraneous body by which the injury was produced be not discharged. it then becomes very necessary to dilate it and also when large vessels are wounded and cannot be taken up without. again it becomes necessary to dilate them when the constitution suffers from them.

In July 1805 a lad in getting over a fence fell upon a nail which run into the flesh below the knee about an inch upward towards the joints, febrile symptoms came on and he complained of sickness in the Epigastric region and pain in his neck and head, his pulse was frequent and quick, the wound was opened and the pain



# Punctured Wounds

A punctured wound is the separation of the soft parts  
communicating externally by a small opening, the orifice is  
greater than in incised wounds. In case of punctured wounds  
the wound is very common in using a probe for the purpose of  
investigating the extent of the wound. Since by this means the extent  
the wound and depth and direction which may have taken place  
and thereby prevent or retard the cure. It is better to make an  
incision to examine for any extraneous substance near the surface  
than to use the probe or the forceps for that purpose. In doing  
so one does not lose the direction of the wound or the extent of it  
be caused until suppuration takes place. When matter that has  
collected in a punctured wound can be extruded only by which  
the injury has passed he not discharged. It has become  
very necessary to dilate it and also when large vessels are torn  
and cannot be taken up without again it becomes necessary  
to dilate them when the constitution suffers from them.  
In dilating a leg or getting over a knee joint  
after a well made one into the flesh below the knee  
about an inch apart towards the joint. A probe is then  
passed and the completion of it shown in the suppurating  
opening and pain in the neck and head, his pulse was  
rapid and quick, the wound was opened and the pain



was translated to the wounded part immediately and excepting here he felt no pain in any part of his body. The wound was dressed with a common poultice and healed kindly..

I know a lady who was thrown into convulsions by puncturing her finger with a needle these convulsions continued for the space of an hour and a half. The puncture was then dilated and the spasm went off without returning.

When punctures or contusions happen during warms they should not be healed up too speedily but Suppuration of the part should be promoted, cordial diet and wine should be given, by which means we frequently prevent Tetanus

## Lacerated Wounds.

These are made with blunt instruments which kill the flesh which is separated. anodynes combined with small portions of Emetics, so as to act as Sudorifics for the purpose of composing the patient and bread and milk poultice applied till the dead part come away. if inflammation accompanied with fever supervene it must be removed. if symptoms of Mortifications come on ease the patient with Opoids and prescribe port wine bark &c



not translated to the present but translated and copying  
 has been in fact in any part of his body. The wound was  
 checked with a common needle and treated kindly.  
 I know a lady who has thrown into translation by  
 putting her finger with a needle the translation continues  
 for the space of an hour and a half. The translation has  
 then ceased and the space went off without returning.  
 When translation or confusion happens during sleep  
 they think not to be treated up to sleep but by separation  
 of the part. It should be prevented, and not to be treated  
 as a disease, which means the frequently present tendency

## Translated Wounds

that are made with blunt instruments which kill  
 the flesh which is separated. and are combined with some  
 portion of matter. so as to act as a stimulus for the purpose  
 of covering the part and being one with the part. of the  
 All the skin has come away. if inflammation accompanies  
 with fever depression it must be attended. if depression  
 of the skin comes on case the part with spirit  
 and medicine. but some cases are



# Penetrating Wounds

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are such as entering into the abdomen & thorax &c. When wounds happen in the Thorax they are attended with danger by causing inflammation of the cavity, the Lungs contract the patient performs respiration with great difficulty. if the lungs be wounded the patient coughs up blood and there is likewise an effusion into the cavity causing great depression. Sometimes the vessels are injured so that we have to take them up if one of the intercostal arteries be divided so that the Venaculum cannot take it up pass a ligature round the rib and secure it in that manner. it has been recommended to put lint between the ligature and the rib to prevent it cutting, but it would be better to pass the ligature through a compress made for the purpose which would prevent the danger of the compress from slipping from under the ligature and getting into the cavity of the Thorax where it will cause inflammation of the pleura, which would be very liable to take place when lint is applied. This I never have performed. Balls & shot occasion the worst of wound because they tear the soft part and occasion a loss of substance.

Wounds of the Thorax occasioned by balls are very distressing they generally inflame the parts where they enter making suppuration and sloughing off necessary before the







orifice can heal. The patient is affected with anxiety and difficulty of breathing. blood letting, rest, low diet &c are necessary. The Dressing are apt to be drawn in the Thorax in breathing this indeed happened in a case under my care, and care therefore should be taken to dress such wounds with adhesive plaster or bread and milk poultice confined in a gaze bag. The sides of the wound when not killed should be kept together for the purpose of uniting them if possible by the first intention. When the sides of the wounds are approximated and united the cavity is rendered complete and the cure thus effected. no bad effect are to be dreaded from the air that is left within the cavity. this never causes inflammation as is seen in Emphysema. The inflammation when it does supervene arises Mr Hunter says from the stimulus of imperfection.

Two Officers playing at cards together a quarrel arose between them, where upon one was stabbed, the other with a dork just above the right papilla in the Thorax, the air had admission into the cavity when I saw him when I saw him his extracities were cold, his pulse small and irregular, his countenance pale, no symptoms of inflammation of the pleura appeared. I applied adhesive plasters on the wound and the third day it united. on the 6<sup>th</sup> day he could walk, go out into the street &c having spoken of wounds in general I shall now proceed to particular ones. —



*[The following text is mirrored bleed-through from the reverse side of the page and is illegible.]*

was forced to participate over —



# Wounds of the Face

As there are many cases in the treatment of wounds in this part in which Sutures is always necessary, so there likewise cases in which it should never be used, the ancient Surgeons used Sutures in almost all cases of wounds, but in wound of the face the always occasioned deformity by the marks of the Stitches remaining after the wounds are healed.

I have seen a Lady one side of whose face was very handsome and the other side very much deformed in consequence of this mode of treatment. in wounds of the Eye lids unless the tumor be divided adhesive plaster will answer the purpose. we should be extremely careful to avoid puncturing *Humica aduata*. the Stitch should only go through the skin of the Eye lids because if the thread were to come in contact with the globe of the Eye it would continually irritate it and bring on inflammation of the whole Eye. I have seen a case where shot have entered the *Schlerotica* and punctured the *Christalline lens*. I have seen another case where the Eye of a young lady was punctured by a piece of glass. from what ever cause the Eye may be wounded we should endeavour to remove all irritating substance and by well timed bleeding purging low diet, blisters, scarifications &c with the use of *Olyna* we may prevent suppuration. the best *Olysim* is an infusion of the pith of *Lassapas*, in water or milk & water.







The patient should be kept in a dark room. if blindness occurs it is <sup>at</sup> some times in the Surgeon power to remove it by operation. of this however I shall say more hereafter (see Cox's Museum) yet

Generally in wounds of the Lips unattended with a loss of Substance, it will be sufficient to bring the divided Edges of the wound together with adhesive plates but if a portion of the lips be lost it is necessary to use Suture.

Open wounds of the tongue which are sometimes found to occur from people biting or receiving a blow on the Chin when the tongue is protruded. here it is necessary to use the interrupted Suture as it is difficult to get at a wound of the tongue the patient shutting his ~~mouth~~ with pain. it is necessary to place a soft stick of wood between the Teeth to prevent to getting bit. The tongue if necessary may be drawn out with a hook. wounds of the tongue generally heal in about six days. The patient should be fed with spoon victuals. in wound of the Ear a single suture is sufficient

Wounds in the Throat mostly occur in people intending to commit Suicide. When the skin only is divided there is no difficulty of curing it. but some times the trachea is divided and the large vessels exposed. the first thing to be done is to attend to the Hemorrhage and secure all the bleeding vessels either arteries or Veins, or if the Carotids



the patient found to keep in a dark room. If the patient is not  
in the hospital, to ensure it by inspection of the patient's  
last day was, therefore, in the morning, for  
Generally on the 2nd of the month with a  
low of substance, it is difficult to find the patient's  
of the patient's condition with substance, but if a patient of  
the type is not this way to use substance.  
The patient of the hospital, which is sometimes found  
to occur from the patient's illness or receiving a shock in the brain  
when the patient is hospitalized, there is a tendency to see  
the intellectual status, or it is difficult to get at a record of  
the patient's intellectual status, but the patient's condition is  
usually to find a list of words between the patient's  
patient to get at the patient's intellectual status, and the patient  
not with a list. Records of the patient's intellectual status are  
also days. The patient's condition is not with the patient's  
of records of the patient's condition is difficult.  
Records in the patient's condition are in the patient's  
to ensure the patient's condition. When the patient is hospitalized, there is  
an difficulty of seeing it, but when the patient is hospitalized  
checked and the patient's condition is found. The patient's condition is  
found it is often to the patient's condition, and the patient's  
the patient's condition is often to the patient's condition, and the patient's



be divided they may be secured by ligature as the circulation may go  
 on to the head by the vertebral arteries. When the Hemorrhage is  
 stopped the side of the wound may be approximated this can  
 mostly be done if small by adhesive plaster alone. but if there not  
 be sufficient we may use Sutures, having caution to include the  
 cellular substance only for if a stitch was taken in the Pharynx  
 it might create vomiting by irritation. and if a stitch was  
 taken in the side of the trachea it would cause a continued  
 coughing. when this is done the head should be inclined forward  
 to favour the union of the divided Esophagus and be secured  
 in that position by a bandage. I believe in every case it  
 would be most proper not to draw the edges too close together  
 so that the blood and matter that is collected may be  
 discharged. all the vessels both arteries & veins should be  
 secured although apparently done bleeding for if any blood  
 be left oozing from the ~~office~~ it may escape into the  
 Larynx and cause Suffocation. The Wounds of the Throat  
 a great deal of inconvenience arise from swallowing as every  
 such attempt must separate the sides of the wound. As remedy  
 this it has been advised to introduce a pipe through the nostril into  
 the Throat for the purpose of conveying food into the Stomach  
 but this cause too much irritation to be practicable as it keeps  
 the patient constantly coughing and sneezing he should be  
 supported by nourishing injections thrown up the anus







if cough occurs it must be relieved by demulcents

## Wounds of the Abdomen

If they are superficial they should not be treated differently from wounds in any other parts of the body. it sometimes happens in punctured wounds of the abdomen which do not penetrate through the parietes in the cavity. These abscess are formed when this is ascertained they should immediately open in order to prevent the matter from getting into the cavity of the abdomen. but if they be through the parietes there will be danger of peritoneal inflammation to prevent it will always be desirable to unite it by the first intention. in the suture of the abdomen two Needles should be used to each ligature and the stitch should be commenced internally at the distance about  $\frac{3}{8}$  of an Inch from the divided edge and the stitch should be about half an inch apart. The Patient should be kept to a regimen diet and the bowels freely opened by mild purgatives. When union shall have taken place between the divided edges, the sutures may be removed and adhesive plaster used. If any of the viscera be wounded they should first be secured before we stitch up the wound in the parietes. The chief danger arising from wounds of any







of the hollow viscera is the escape of their contents into the cavity of the peritoneum. generally in wounds of the abdomen a piece of the omentum protrudes at the orifice, and if the intestines be wounded feces frequently pass out and the patient will have bloody stools.

If the stomach be wounded food will be discharged through the orifice, vomiting of blood will be induced together with cold sweats and a tendency to faint and when it proves fatal, the patient dies about the third day after remaining in a comatose state till death.

When the intestines are wounded they may be stitched four stitches will be found sufficient they not may be tied so as to be on the inside of the intestines when this is done cut off the end of the thread and return the intestine. The thread will get into the cavity of the intestine and pass by the stool. it was formerly the custom to bring the ends of the ligature out of the wound in the cavity of the abdomen in every case where the intestine were stitched. Dr. Physick said this practice is much the safest and therefore he would recommend it to be done, untill Dr. Cooper proved that the remaining part of the thread if cut close and left in the belly will get into the cavity of the intestines and pass by stool he tried the experiment on a dog and succeeded. we are not absolutely certain he would do it in the human subject.



of the patient's position is the object of the treatment  
of the patient's position generally in regard to the treatment of the  
the treatment of the patient's position at the office and at the treatment of the  
-that - from frequently hope and the patient will have plenty  
-that -

If the stomach is removed from the body  
through the patient's position, treatment of the patient's position  
with cold water and a tendency to faint and when it is  
fatal, the patient's position is about the same as after removing  
a stomach (that is, the body).

When the patient's position is removed, they may be killed  
from children will be found sufficient to keep them in bed  
so as to be on the inside of the patient's position when there is a  
off the end of the body and return the patient's position. The head  
will get into the body of the patient's position and then by the foot  
it is found that the patient's position is kept the end of the patient's  
out of the body on the body of the patient's position of the  
case where the patient's position is removed. The patient's  
and the patient's position is removed the body and the patient's position  
remains it to be done. The patient's position is removed the body  
remaining part of the body of the patient's position of cold water and left in the body  
will get into the body of the patient's position and then by the foot  
the patient's position is removed on a day and the patient's position is  
not absolutely certain to be in the patient's position.



transverse incisions of the intestines are easier healed than longitudinal ones and it causes much more pains and difficulty to close a longitudinal one than a transverse one since the diameter of the intestine is lessened by the former causing a lodgement of the feces at that place. if the longitudinal wounds be not too extensive that portion of the intestine may be removed and the transverse ends brought together. The practice has been tried and succeeded when three inches of the intestines has been cut off. The patient should be fed sparingly so as not to distend the intestines, his food should be almost altogether spoon victuals. Laudanum should be given to allay the pain and to keep the intestines still so that the peristaltic motion may not prevent an union. Glister should not be administered least probably a part may escape at the wound even the stomach may be stitched when wounded. I have known an instance where it was done and the patient recovered.

When the omentum is wounded generally some hemorrhage takes place the bleeding vessels should be taken up with the Terebra culum. and secured with a ligature and the Omentum stitched but the end of the thread must be left out of the wound on both sides. Sometimes the bowels are injured and do not protrude. it has been a question in dispute whether the wound in the parietes should be dilated search for the injured part or not. I believe



The incision of the intestine is made in the middle of the  
 abdominal wall and is open much more from one side than the other  
 a longitudinal cut is then made in the transverse mesocolon  
 of the intestine is taken up by the finger and a dissection of the  
 fold at this place. If the longitudinal mesocolon is not the same  
 then the part of the intestine may be removed and the transverse  
 cut brought together. The incision has been made and dissection  
 when the incision of the intestine has been cut off the part  
 should be cut sharply as is not to be cut the intestine. The  
 food should be almost altogether stopped. The intestine  
 should be given to stay the pain and keep the intestine  
 still to show the peristaltic action may not prevent an answer  
 given should not be administered but probably a good way  
 escape at the wound over the stomach may be noticed  
 when removed. I have known an instance where it was done  
 and the patient recovered.

When the operation is finished generally some form  
 of support takes place the bleeding vessels should be taken up  
 with the forceps and secured with a ligature and the wound  
 is closed but the cut of the transverse mesocolon is left and  
 of the wound on both sides. Some times the wound is  
 sutured and so not fastened. It has been a good way to  
 suture the wound in the peritoneum. I should be  
 stated here for the injured part or not I believe



it is right to search for it by dilating the wound in a degree if it be not large enough already. but the wound should not be enlarged freely lest you induce great inflammation; but there are cases in which the intestines have been wounded where nothing has been done. in such cases where the intestines have been wounded it commonly unite to the peritoneum and the wound of the parietes by the adhesion of the inflammation. it would seem when the intestines are wounded they stop their peristaltic motion so as not to prevent or hinder the adhesion. when the bowels are injured and the wound cannot be discovered. if the orifice be large enough for the intestines to protrude it should be stitched up. if inflammation intervene. copious bleeding, purging low diet &c are necessary and sometimes through the circulation seems weak yet the inflammation may prevent to a great extent

In wounds in the Liver if the right lobe be injured the pain will be felt in the left shoulder; if the left lobe the pain will be felt in the right shoulder. it is of a dull heavy kind. if the wound be small it will in general heal very soon; but if it be large there is in general a very considerable hemorrhagy and sometimes inflammation is produced in the peritoneum by the accumulation and distention of blood in the abdomen, in those cases little can be done. the Patient should use evacuations and live on Barley water.







and the like. if his pulse is full and hard he should be bled freely. if the gall bladder be wounded its contents empty into the cavity of the abdomen causing by its stimulus violent inflammation. it always proves fatal. I believe the same happens from wounds of the pancreatic duct.

When the kidneys are wounded the patient will pass bloody urine and if it pass into the cavity of the abdomen it produces death though the back part of the kidney may be wounded and the wound heal up without any inconvenience.

Wounds of the bladder mostly prove fatal when they communicate with the cavity of the peritoneum. but when wounded below that cavity they are attended with no bad consequence.

In Wounds of the joints we are not careful to guard against their inflammation and suppuration occur, they should be treated with adhesive plaster & Mr Henry said Sutures are not necessary if you use them, be careful they do not get into the joint or else the irritation of the thread will cause inflammation of the whole joint. I saw a case where a turner cut his knee with a chisel, the wound was oblique penetrating through the capsular ligament, it was closed with adhesive plaster a long splint was applied reaching from the ischium to the ankle to keep the leg extended this is always necessary. no unpleasant symptoms



out the idea of the pulse is full and hard in the  
 pulse of the left side the movement is not  
 the body of the abdomen coming up to the  
 communication of the artery from the  
 happens from the nature of the pancreas duct  
 before the kidneys are removed the patient will  
 from bloody urine and if it goes into the cavity of the  
 it produces death though the last part of the kidney may be  
 removed and the wound heal up without any inconvenience  
 branches of the Abdominal cavity from the  
 they communicate with the cavity of the peritoneum but the  
 removed below that cavity they are attached with no  
 consequence

The branches of the spine we are not careful to guard  
 against their information and observation occur, they should  
 be treated with extreme caution & the Heart and Lungs  
 are not necessary if you are that we are full they are  
 into the joint or into the circulation of the blood will cause  
 inflammation of the whole joint. I saw a case where a  
 tumor cut his thigh with a chord, the wound was  
 oblique penetrating through the capsular ligament, it was  
 closed with a silver plate, a long splint was applied  
 reaching from the ischium to the ankle to keep the  
 splint this is always necessary in compound fractures



came on, the patient in about a week was well. I have seen abscesses of the joints where the bone was injured and yet the wound got well by this kind of treatment. Mr. Home says we should always try to effect union by the first intention. Wounds of the joint should likewise always be treated with the limb extended. The bad effect of an opposite mode of treatment where the sides are prevented from coming together by lint may be seen by the following case. A Patient who had received a wound in the knee was treated in this manner. in addition to this by dipping the lint in Spirit. Turpentine (ridiculous) and in consequence of it, he was afflicted with fever, delirium, itching convulsions &c. so that he could not sleep unless two persons sat by him and held his leg. abscess formed both above and below the joint. every time the dressing was taken away a considerable quantity of matter collected with sinovia of the joint was discharged and great inflammation of the joint had taken place. this at first was a clean incised wound after this an oedema came on but this was cured by mercurial purges. this case got well after four months, besides common dressings in wounds of the joints we use a splint for the purpose of keeping the limb extended, this prevents the usual symptoms that occur. without this precaution such as delirium, twitchings



comes on, the patient in about a week was well. (Case 1)

After removal of the joint where the bone was injured and yet the wound got well by the kind of treatment - Case 2

Some days we should always try to effect union by the first intention. Wounds of the joint should likewise always be treated with the least extension. The day after or an opposite mode of treatment where the bones are joined - let from coming together by that way be seen by the following case. A patient who had received a wound in the knee was treated in the manner in addition to the by slipping the joint in spirit. The patient was well and in good recovery of it. He was afflicted with great difficulty in walking and to show he could not sleep unless the fracture set by him and held his leg. A few days after both above and below the joint - every time the dressing was taken away a considerable quantity of matter together with pieces of the joint was discharged and great inflammation of the joint had taken place. The joint was a clear incised wound after the an incision was made but the was cured by treatment - though the case got well after four months. Besides common dressings in wounds of the joint we use a spirit for the purpose of keeping the limb extended, this prevents the usual symptoms that occur. With the present case as before the dressing



be together with inflammation of the divided surface rubbing  
 against each other. it should be applied so as to prevent all  
 motion of the joint as a very slight motion of it does much injury  
 the situation of a limb where we expect ankylosis or where  
 we wish it to take place will vary according to the limb affec-  
 -ted. if it be ~~the~~ <sup>in the</sup> Elbow the arm should be kept moderately  
 bent, for if the union of the bone take place when it is straight  
 the patient will have no use of the limb so that it will be  
 very inconvenient. but if the elbow be some what bent the  
 patient can perform many very usefull motions. but where  
 the knee joint be affected and the limb fixed the patient  
 will not be able to walk. so that the leg in affections of  
 the knee joint should always be kept extended as it will  
 be most usefull in that posture. the limb being brought  
 into that position. the wound should be dressed with  
 adhesive plaster and secured by a splint and roller.  
 The patient should be bled and put on an antiphlogistic  
 regimen, purge and if necessary a blister may be applied.  
 wounds often heal easily under this treatment though their  
 first appearance is very unfavourable. the cartilages on  
 the ends of the bones forming joints, are sometimes cut  
 through and yet unite by the first intention. from  
 observations I have been led to conclude that inflam-  
 -mation of joints does not soon take place as inflammation



We together with inflammation of the divided surface, ending  
 against each other. It should be applied so as to prevent all  
 motion of the joint or a very slight motion of it does much injury  
 the situation of a limb where we expect ankylosis or adhesion  
 we wish it to take place will vary according to the kind of ex-  
 posed. If it is the elbow the arm should be kept straight  
 bent, for if the union of the bone takes place when it is straight  
 the patient will have no use of the limb so that it will be  
 very inconvenient. But if the elbow be some inches bent the  
 patient can perform many very useful motions. But when  
 the knee joint be affected and the limb fixed the patient  
 will not be able to walk. So that the leg in affection of  
 the knee joint should always be kept extended as it will  
 be most useful in that posture. The limb being brought  
 into that position the wound should be dressed with  
 ointment. Splinters and secured by a splint and roller.  
 The patient should be kept and put on an antiseptic  
 regimen, keep and if necessary a blister may be applied  
 towards the knee joint. But except under the treatment through the  
 first appearance is very unfavorable. The condition of  
 the ends of the bones of the joint are sometimes cut  
 through and yet made by the joint infection from  
 observation. I have been led to conclude that infection  
 of joints does not take place in inflammation



from the same cause would in any other part of the body  
 the irritation causing only an increase of former action and a  
 much greater secretion of Sinovia in large lacerated wounds  
 of the joints such as Surgeons call compound luxations, when  
 they must suppurate, it has been disputed whether the limb  
 should be amputated or not. if it be not done there is sometimes  
 danger of mortification from the violence of the inflammation  
 and if the Patient escape this by being much reduced he is  
 danger of Tetanus, especially in warm weather. in such cases  
 it is best to state the danger of the case, if an attempt is made  
 to preserve the limb and then the advantage of amputation  
 and if he escape suppuration hectic fever and consequently  
 amputation. at best the limb must ankylose and be  
 rendered stiff over after or if anchylosis be prevented the  
 cartilages will be removed and nothing but a ligature will  
 connect the bones together rendering it perfectly useless.  
 if attempt are to be made to save it, the best application  
 is bread and milk poultice. there are more danger of these  
 symptoms occurring in warm weather and in persons accus-  
 tomed to drinking spirituous liquors; there is more danger  
 also if the patient be old than if the be young. partial  
 stiffness of a joint is owing to adhesion forming between the  
 capsular ligament and the joint or ends of the bone, but there  
 are cases where the joint cannot return to its natural state



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from the same cause would in any other part of the body  
the initiation coming only as a result of former action and as  
much greater location of tension in large located points  
of the point back as a person call confinement together, when  
they must depart, it has been before. Within the limit  
should be anticipated as soon as it is not clear there is something  
of the point of the point from the distance of the inflammation  
and of the point escape this by being much reduced he is  
of the point especially in some weather. In such cases  
it is not to state the danger of the case, if an attempt is made  
to prevent the point and that the danger of an inflammation  
and of the escape of the point from the point and consequently  
inflammation. At the point must not be anticipated and be  
reduced still over all of the point and prevented the  
contingency will be removed and nothing but a point will  
remain the same together and being a perfect union.  
it attempt one to be made to take of the point application  
is done and with the point. There are some danger of the  
symptoms occurring in some weather and in some cases  
attempts to bring of the point and in some cases  
also of the point be old than if the danger point  
efficiency of a point is owing to the point forming between the  
capsule of the point and the point as one of the point, but there  
are cases where the point cannot return to its natural state



and must ankylose. before a joint can become ankylosed the cartilage must be removed as they never unite together. I will show you in what manner this takes place, it never inflames suppurates become carious or slough off, but is removed by absorption. The absorption granulations are then thrown out from each end of the bone and uniting together renders the joint ankylosed forming but one bone. To favour the process we should keep the joint stiff, for if the uniting parts be torn they will not readily reunite, Quethon (though without being able to assign any reason for it) J<sup>r</sup> M<sup>r</sup> Gough and M<sup>r</sup> Dack have advised to saw off the ends of the bones, thus remove the cartilage out of the way without giving time for them to remove by absorption, but this is a bad practice because it occasions pain and is done with difficulty and danger of wounding the soft parts. I believe scraping off the cartilage from the ends of the bones with a knife. when the constitution cannot bear the irritation long enough for the absorption to remove it will answer very well and often better than if the operation was left to nature. a Splint should always be used to keep the limb at rest.



and must carefully before a joint can become anastomosis the  
 Castles must be removed as they never unite together. I will  
 show you in what manner this takes place, it never infuses  
 the vessels, some comes a little off, but is removed by  
 absorption. The absorption granulation as from the bone  
 from each end of the bone and uniting together, and as the joint  
 anastomosis forming but the bone to form the fusion the blood  
 keeps the joint still, for if the uniting food is done they will not  
 readily separate. But though without being able to separate  
 any reason for it. I will show you and Mr. Clark have also  
 let to see of the end of the bone, the removal the cartilage  
 end of the way without giving time for them to separate by  
 absorption, but this is a bad practice because at occasion  
 joint and is done with difficulty and danger of removing the  
 soft part. I believe it is a fair off the cartilage from the  
 end of the bone with a knife. When the cartilage  
 cannot bear the irritation long enough for the absorption  
 to remove it will answer very well, and often better than  
 if the operation was left to nature. A slight should  
 always be used to keep the limb at rest.



# Wounds of the Nerves & tendons

When a nerve is partially divided it is said to produce great pains and twitching, convulsions numbness and paralysis and this is said to be the case where these symptoms follow.

— Phlebotomy but it cannot be depended upon. for no surgical operation can be performed in any part of the body without wounding a number of the small branches of the nerves and yet these symptoms never occur. the inflammation & swelling sometimes occurring after phlebotomy. I shall account for it in a different manner I mention this to guard you against a very terrible operation proposed by Mr Bell, which is to make a complete division of the soft parts down to the bone. when weakness is felt in the arm immediately after blood letting and the operation attended with pain and if it increases and it becomes worse for two or three days instead of better, then we may suppose that a nerve or tendon is wounded and an incision may be carried a little deeper than the original wound and the nerve completely divided but I am happy to say that such cases seldom occur. I have seen but a few cases. perhaps the best symptoms of a wounded nerve, are numbness and a partial paralysis of the arm below to which the nerve goes.

Wounds of the tendons are no worse







than wounds of other parts unless punctures of the fascia. These are sometimes attended with inflammation of the parts beneath them which are bound down and compressed and suppuration takes place. When inflammation is an attendant upon wounds of the fascia of the thigh, head &c a blister should be applied over the wounded part, if this be not sufficient to relieve the inflammation and matter be collected underneath a full incision should be made to give vent to the matter. Sometimes the tendons are cut quite through, they require no different mode of treatment from other wound, the limb should be secured in the best position and the edges of the wound brought together with adhesive plaster.

When the tendo achilles is wounded which often happens the toe and foot should be extended. This may be done in two ways

1<sup>st</sup> By fastening a roller to the foot and carrying it over the heel, over the back part of the leg and securing it on the thigh

2<sup>d</sup> By a piece of pasteboard placed on the forepart of the leg and secured by a roller, care should be taken however, in all cases of wound of the joints above the heel not to make too much extension, but just sufficient to bring the divided edges in contact for by extending the toes too much we throw the skin into wrinkles and bring them



These amounts of other food under position of the foot. These  
 are sometimes attended with inflammation of the foot & swell  
 there which are found some and sometimes and suppurate look  
 place. When inflammation is on either side of the  
 joint of the foot, look to a blister should be applied over  
 the swelling part, if this be not sufficient to relieve the inflam-  
 mation and matter be collected underneath or full incision should  
 be made to give exit to the matter. Sometimes the bones  
 are cut out through the septum in different parts of foot  
 removed from other bones, the kind should be secured in the  
 not fissures and the edges of the wound brought together with  
 adhesive plaster.

When the tendons of the foot are inflamed which often  
 happens the last and foot should be extended this may be  
 done in two ways  
 1<sup>st</sup> by fastening a roller to the foot and carrying it  
 over the heel over the back part of the leg and becoming it  
 over the thigh.

2<sup>d</sup> by a piece of handkerchief placed on the instep  
 of the leg and secured by a roller, care should be taken  
 however in all cases of wound of the joint above the heel  
 not to make too much extension, and just sufficient to  
 bring the divided ends in contact for by extending the last  
 too much we draw the skin into wrinkles and bring them



in contact with the divided edges, and prevent their union, this sometimes will happen from contraction of a part even with a moderate extension of the foot, turning in, the edges of the wound so that it cannot heal, this we sometimes find after dressing it for two or three weeks without any symptoms of healing, the skin in such cases should be turned and should be kept so by the interrupted suture. When the tendo achillis is divided the foot should not be used for six weeks.

Wounds of the Veins, The inflammation and swelling which sometimes is the consequence of phlebotomy is best treated of by Mr Hunter in a paper upon inflammation of the veins published in the 1<sup>st</sup> volume of medical transactions which I shall read to you (vide Medical & Chyrurgical transactions vol. 1<sup>st</sup>) when symptoms before mentioned occurred it was supposed that a nerve or tendon was wounded and that the person was a bad operator. it has been proposed by Mr Pott under such circumstances to divide the soft parts just above the wound by a transverse incision to a considerable depth so that the nerve might be divided, but this should never be done though it alleviate the pain, and patients have got well after such treatment. it should not be done because it subject the patient to much greater danger and the alleviating of pain is owing only to the taking of the inflammatory tension of the part by dividing it



in contact with the bony edges, and prevent their union, this  
condition will happen from contraction of a part even with a single  
late extension of the foot, turning in the edge of the wound so that  
it cannot heal, the one sometimes find after amputation of the foot  
or these weeks without any symptoms of healing, the wound in such  
cases should be dressed and should be kept in by the interrupted  
sutures. When the bony scab is divided the foot should not be  
used for six weeks.

History of the Case. The inflammation and  
swelling which sometimes is the consequence of phlebotomy is  
not related of by Mr. Hunter in a paper upon inflammation of  
the vein published in the 7<sup>th</sup> volume of medical transactions  
which I shall need to quote (which I published in the 7<sup>th</sup> volume of medical transactions)  
Volume 7<sup>th</sup> when symptoms before mentioned occurred it was sup-  
posed that a vessel of London was wounded and that the pa-  
tient was a dog operator. It has been proposed by Mr. Hall under  
such circumstances to divide the soft parts just above the wound  
by a transverse incision to a considerable depth so that the  
wound might be divided, but this should never be done though  
it afterwards the pain and patient have got well after such  
treatment. It should not be done because it impedes the patient  
to make greater progress and the abstracting of blood is doing only  
to the taking of the inflammatory action of the part by bringing



Sutures I promised in my last lecture to give you a description of Sutures in our next I shall therefore proceed with that Subject. The kinds of Sutures which I prefer are the interrupted and twisted. and first of the interrupted

They are nothing more than a simple Stitch made by means of a needle passed from one of the margins to the other through the edges of the wound, this done draw the edges in contact and tie a knot. This however should not be directly over the wound but a little to one side and the suture is complete.

Twisted Sutures are effected by means of a silver wire incased in a Steel point which can be taken of at pleasure, this is to be passed through the edges of the wound from one side to the other which being done draw of the Steel case than it may not hurt the patient, by its sharp point and the wire remains behind in the edges of the wound then take a ligature and wind it around the wire in the shape of the figure 8, always decussating in the centre and drawing the edges of the wound in close contact. When the wound has united sufficiently to take off the threads and draw the wire out gently and the thread will come away.







# Gun Shot Wounds.

They were considered in the early periods as being a distinct species of wounds, the livid colour which ensued accompanied with a black exsiccation and gangren caused them to suppose the effect must either resulted from poison or from the part being burned (because perhaps from fire and poison being so little known) and the acid substances which the applied to them frequently caused gangrene, and large sloughs; but these wounds are now considered as so many varieties of contused wounds if the body occasioned the wound be of a roundish figure the wound is undoubtedly a contused one. When the ball goes with great velocity it occasions the death of the divided parts. The greater velocity of the projected body, the greater is the injury of the divided parts, and than surface through which it passes out always heal first. and with less slough. Sometimes uniting by the first intention without the formation of any slough. The parts formed into a Crust or Slough should be extracted with great care to prevent hemorrhagy. we should therefore watch when it is about to slough off which is generally about the ten<sup>th</sup> days. Some persons might think it necessary to extract the slough when it becomes somewhat loose, but all violence should however be avoided. if the vessels divided be large for fear of hemorrhagy which often occurs. When the part slough in cases of Gun Shot wounds, even when no hemorrhagy had occurred at the



# Guns Shot Wounds

They were considered in the early part of being a  
distinct system of wounds, the kind of wound which entered  
accompanied with a black excitation and gangrene caused them  
to appear the effect must either result from poison or from the  
poor being struck by some weapon from fire and from being  
killed (himself) and the kind of wound which he is exposed to  
these frequently cause gangrene, and large blisters; but these  
wounds are now considered as so many varieties of cutaneous wounds  
of the body, because the wound is of a secondary nature. The  
wound is undoubtedly a compound one. When the ball goes into  
great velocity it causes the death of the divided part. The  
greater velocity of the projected body, the greater is the injury of  
the divided part, and thus causes through which it passes  
always heat, fire, and with the shock, sometimes causing it to  
form infection within the formation of any wound, the part  
formed into a dead stump should be separated with great  
care to prevent hemorrhage. We should therefore not  
it is about to stump which is generally about the limb  
some persons might think it necessary to extract the stump  
when it becomes loose, but all violence should be  
be avoided of the vessel divided be kept for fear of hemorrhage  
- which often occurs. When the part stump in case of fire  
that wounds, even when on hemorrhage but account of the



time of the accident owing to the vessels being killed by the violence of the contusion which portion of them come away when the part sloughs with other dead matter. it has been advised to bleed freely in all cases of Gun shot wound. but I could not in all cases recommend bleeding at first. if the ball moves with a small degree of velocity it does not destroy the divided parts and these cases heal sooner where the force of the ball is weak than those where the force of ball partakes of great velocity, because the parts are only torn.

Gun shot wounds requires the same method of treatment as other lacerated wounds. When the ball is lodged in the trachea the patient performs respiration with difficulty. in such cases the ball should be immediately extracted to preserve the life of the Patient. Gun shot wounds of the Scalp are treated in the same manner generally as other wounds of that part. it is necessary in some affections of the Scalp to lay it open by incisions for the purpose of examining the State of the Cranium when the Cranium is laid bare with a ball the exposed part is violently contused should be removed, as the contusion might occasion an abscess in the Cranium. these occurrences do not differ from other wounds I believe, they have nothing particular to themselves. a gun Smith became weary of life, Determined to put an end to his Existence when his fellow workmen had gone to dinner. in order to accomplish his design he loaded a pistol and applied it to the back of his Ear



...of the accident owing to the small size of the stones  
of the container which fracture of them come away when the foot steps  
with other than usual. It has been advised to have feet in all cases  
of feet that forward, but I could not in all cases recommend binding  
at first if the ball were with a small degree of activity it does not last  
any the shorter foot and thus can last longer when the force  
the ball is weak than when it is the force of ball pushed of  
great activity, because the foot is not only tired.  
One that wounds requires the same method of treatment  
as other is treated wounds. When the ball is lodged in the  
trochanter the patient performs evolutions with difficulty in fact  
even the ball should be immediately extracted to prevent the  
life of the patient. One that wounds of the scalp are treated  
in the same manner generally as other wounds of that part.  
It is necessary in some affection of the scalp to lay it open if  
necessary for the purpose of examining the state of the cranium  
When the cranium is laid bare with a ball the exposed part  
is carefully covered should be removed as the container might  
occur one when in the cranium. These occurrences do  
not differ from other wounds of the head, they have nothing  
particular to themselves. A gun wound become nearly of  
life. Delivered to put an end to his agonies when his fellow  
warrior has come to know. In order to accomplish his desire  
- for he looked a friend and applied it to the back of his head



Supposing the contents would have gone through his head, in this  
 however he was disappointed for the lead did not enter the skull but  
 take off the whole of the ear and the surrounding parts so as to expo-  
 se the bone. he was however able to walk to the hospital and  
 relate the whole circumstance. he complained of a great pain  
 in the head. Trepanning was delayed he was seized with a deliri-  
 um inflammation of the dura mater came on and he died. Some  
 persons recommended the trephine, in all cases of gun shot  
 wounds affecting the cranium. but I would recommend it only  
 in those cases where symptoms of inflammation of the dura  
 mater supervenes. The patient feels most easy when the ball  
 is extracted. When the more fleshy parts are wounded if the ball  
 be deep seated and the orifice sufficiently large for the introduction  
 of a finger it is preferable to a probe to discover the situation of  
 the ball. first because a probe would not convey that accurate  
 sensation which we derive from the finger as to the situation of  
 the ball and state of the parts. <sup>2<sup>d</sup></sup> The probe would be much  
 more likely to irritate and injure the part than the finger. if the  
 ball be superficial the wound may be dilated and it taken out.  
 but if it be deep seated we should not dilate the wound, nor use  
 the probe. indeed the oblique course which the ball frequently takes  
 renders it impracticable to dilate the wound. long probes are impro-  
 per for reasons just mentioned. I knew a case of a ball in the  
 ankle where the ball had just made its escape up the leg and







found lodged above the knee. the skin having prevented its escape  
 likewise of a wound in the chest and the ball found half way round the  
 body. the best application on the part is flax seed or bread and milk  
 poultice. all stimulating substances should be carefully avoided, the  
 treatment should vary according to circumstances. Sometimes the patient  
 is very much depressed and weak, this should be relieved by anodines  
 if the extremities are cold bark &c may be given. Sinapisms  
 applied to the extremities are some time of use. we commonly bleed  
 in cases of gun shot wounds but not always as a too speedy removal  
 of inflammation sometimes produces tetanus. I have been recommended  
 by some surgeons; when symptoms of tetanus appear to amputate  
 (if in a limb) for the purpose of checking it. but the Doctor says it  
 of no avail. we should not bleed in all cases indiscriminately but  
 wait till fever or inflammation comes on and if they are proportion-  
 =ately to the wound they are salutary for both the fever and  
 inflammation are necessary to health in gun shot wounds. I have  
 seen a case where inflammation was done away all together by  
 a copious bleeding. the consequence was that tetanus ensued &  
 the patient died. when suppuration takes place we may use the  
 bark with tonic medicines in neither fever nor inflammation come  
 on we may use them: but if then occur we must have recourse  
 to the antiphlogistic regimen. in gun shot wounds we must  
 treat them according to the nature of the case, if the bone  
 be fractured we must treat them like common fracture or such



found lodged above the heart, the skin having formed in shape  
the form of a tumour in the chest and the left hand half way round the  
body. The left upper corner of the head is flat and as broad as usual.  
The all stimulating substance should be carefully avoided, the  
treatment should consist of a general tonic, according to circumstances, to maintain the blood  
is very much depressed and weak, this should be assisted by exercise  
of the system, as all look thin & a good deal of  
applied to the system, as some time of the common sense  
in case of pain that remains but not always as a too heavy removal  
of inflammation, however, produce labour. I have seen a number  
of some degree; when symptoms of labour appear to be complete  
of a kind, for the purpose of checking it, but the doctor says in  
of no avail. We should not think in all cases, unfortunately, but  
that will give an inflammation worse and could have produced  
=ably to the brain, they are necessary for both the face and  
inflammation are necessary to health in general, however, I have  
seen a case where inflammation was once all together of  
a severe bleeding. The consequence was that labour was not  
the patient died. When suppuration takes place we may make  
look with these diseases in either form or inflammation and  
or we may use them: but if there occurs we should have recourse  
to the antiphlogistic regimen. In pain that remains we must  
first then according to the nature of the case of the body  
be forewarned we must treat them like common fevers or look



fractures occurring from other causes. it is necessary in all cases of wounds of the thorax to bleed as they are always attended with more or less inflammation. I have taken 186 ounces in 14 days and the patient recovered. Esters applied are sometimes of service if the spine be wounded it occasion a paralysis of all the parts which receive their nerves below the injury. if the cervical marrow be wounded above the phrenetic nerve it occasion Paralysis of the diaphragm and the patient immediately dies if it occurs below then nerve the patient may have life for several days.

Wounds of the abdomens are dangerous according to the viscera wounded. in wounds of the Liver I would recommend copious bleeding, if the gall bladder be wounded the patient is affected with great depression and the bile make its escape out of the orifice into the cavity of the abdomen, violent inflammation ensues and the patient dies.

Wounds of the Stomach are mostly fatal the patient is affected with depression a disagreeable sensation nausea and a vomiting of blood. a Patient who had been drinking and hearty draught of porter received a wound in the Stomach which was seated equally distant from the Sternum and the ribs. the porter in part came out of the orifice and part was effused in the belly, which was puffed up in the hypogastric region. the patient complained of great pain and finally died. the edges of the wound united by the first



Members of the committee are requested to attend



intention and no sign of inflammation of the Stomach appeared  
 I believe he would have recovered the injury done to his Stomach  
 and other part if inflammation of the peritoneum had not taken place  
 in consequence of the contents of the Stomach being effused into it

**Wounds of the Bladder** prove frequently  
 fatal particularly when it happens in the fundus. I believe  
 not owing to the delicacy of that viscus but to the urine passing  
 into the cavity of the peritoneum and causing inflammation there  
 for we often see the neck of the bladder divided without any  
 bad consequence. in all cases rest is a necessary part of the cure  
 the patient should keep very still. his food should be mild  
 an opening, blisters should be applied to the abdomen;  
 fomenting poultices may be applied with success to the abdo-  
 men and the wound should be closed by the interrupted  
 Suture, when situated in the abdomen. When a bullet passes  
 through a joint it is apt to injure the ends of the bones composing the joint. When  
 this is the case there is great danger. if hectic fever supervene amputation  
 becomes necessary; but frequently the wound partake of the nature of lacer-  
 ated wounds and sometimes unite by the first intention. When amputation  
 becomes necessary I would recommend it to be done immediately. 1<sup>st</sup> because  
 by this mean you prevent hectic fever from coming on, we avoid  
 inflammation, Delirium, frequent pulse cold sweat &c

2<sup>d</sup> because the Patient is more willing to submit to the operation  
 if performed immediately.



of the wound, it is necessary to be careful of the direction of the incision, and to avoid the vessels and nerves. The wound should be made in the direction of the fibres of the muscle, and should be deep enough to reach the bone. The wound should be closed with sutures, and the patient should be kept at rest for some days. The wound should be dressed with a clean cloth, and the patient should be kept cool. The patient should be given some food and drink, and should be kept comfortable. The patient should be kept in a clean and dry place, and should be protected from the wind and cold. The patient should be kept in a good humour, and should be encouraged to get up and walk as soon as possible. The patient should be kept in bed for some days, and should be kept in a good humour. The patient should be kept in a clean and dry place, and should be protected from the wind and cold. The patient should be kept in a good humour, and should be encouraged to get up and walk as soon as possible.



# OF ULCERS.

I have said sufficient in my former Lectures to give an idea of the definition of ulcers. They occur very frequently in the practice of medicine it. Those who attend at the hospital to pay the greatest attention to the appearance and method of cure of Ulcers. Since a knowledge of their appearance and treatment constitute a considerable part of the practice. There are two Methods of Cure

1<sup>st</sup> by Nature

2<sup>d</sup> by the assistance of art.

as to the causes of ulcers they are of little or no consequence to the Surgeon. The manner of treatment being the only thing necessary to attend to. to the healing of ulcers there are but three impediments

1<sup>st</sup>. What ever injures the constitution and shall confine my observations chiefly to ulcers of the legs. in the healing of an ulcer the first process is Detumescence of the edges; next Granulations appear, raising the Surface to a level with the contiguous parts, the granulation appear first in small red spots and are covered with coagulable Lymph. The pus is secreted about the consistence of cream, all healthy pus of a redish colour or of a bluish white. by the Subsiding of inflammation the sides of the sore are brought nearer together. Another good effect is the tendency the granulations have to unite with each other. the power of contraction diminishes the Surface of the sore and consequently lessens the extent



# OF ULCERS

It has been said sufficient in any form to give an idea of the definition of ulcer. They occur very frequently in the practice of medicine. There is no other of the hospital to pay the price of attention to the appearance and situation of one of these ulcers. A knowledge of their appearance and treatment constitutes a common part of the practice. There are two kinds of ulcers.

1st by location

2nd by the character of the

as to the cause of ulcers they are of little or no consequence to the surgeon. The manner of treatment being the only thing necessary to attend to. In the healing of ulcers there are two impediments. 1st that even when the constitution and all curing and observation chiefly to that of the leg. In the healing of an ulcer the first focus is determined. If the ulcer is a simple ulcer of the foot, raising the surface to a level with the surrounding parts, the granulation appears first in small red spots and are covered with a scab. The first is described about the center and of course all healing from a red color or a black spot of the ulcer. In the healing of an ulcer the skin of the leg is enough raised together. Another good effect is the loosening the granulation from the surface. The skin of the leg is then raised to the surface of the leg and completely healed the leg.



of the disease this power of contraction is very fully exemplified in glandular part as in the excision of Schiirous Breast, the skin which is drawn into folds resemble nothing more the consequence of contraction. I have seen it thrown into folds resembling the mouth of a purse by a drawing string. The next occurrence after the granulated parts, are brought to a level with the old skin, is the production of a new one. The granulation adhere to the edges of the sore from which is commenced the new skin of a whitish colour over which the cuticle is formed at the same time and the new skin is continued over the sore. This new production is large and in old ulcers is not confined to any part alone but is found in many parts constituted small places or spots on the surface of the sore like little Islands.

In the treatment we may apply dress' lent to the sore which will absorb the pus and keep it from becoming dry and crista-ling. Soft dressing which may be spread with little coat with ~~may be spread~~ or not should be applied over it and secured by a roller which should be slightly or loosely wrapped, else the lint will be too much pressed in to the granulations. Under this treatment they will soon heal up forming a cicatrix. Mr Bayton has advised to ~~the edges with~~

Plaster which will very much expedite the cure. if the ulcer happen in any capillary part it is necessary to ~~shave the part~~ before we apply the adhesive Plaster.







care should be taken to apply them so as to not cover the whole surface of the sore as we should, by that means prevent the evacuation of Pus. The parts contiguous should be dressed every day to concentrate the collected matter of the dressing & slicks they may wet with a little cold water previous to the time of dressing; by which the heat and inflammation of the sore are allivated. The process of granulation is assisted by drawing the old skin over the sore this not only lessen the extent of the sore but supersede the necessity for the formation of much new substance which is always more tender than that originally formed. it sometimes happens that the sides of ulcers will not unite when approximated, there should be washed with Spirits or they may be touched with a little blue vitriol, lunar caustic or any other escharotic. Powdered Rhubarb had been found usefull. if these remedies fail the surface of the sore if small should be exposed to the air to dry and form a crust under which a new skin will often form, and when the crust come away the sore will be healed. it sometimes happens that the flow of pus is so great as to prevent the adhesion of the sides so that they cannot close up; an astringent tincture of vit. alb. and Sacchar Saturn. in a patient of mine which immediately stopped it. adhesive inflammation came on and the patient got well in a few days. In Healthy constitution







ulcerations seldom demand the aid of Surgeons, the blood vessels  
 are more firm and capable of carrying an healthy action  
 in the extrem veins, greater action must especially take place  
 in the veins of the lower parts of the body than those of the upper  
 part to support the inspending column of blood and to counteract  
 the effect of gravity. Hence the veins of the new formed gra-  
 nulations being weaker than those originally formed are un-  
 able to support the column of blood when we walk or stand erect  
 and this is the reason why in ulcers of the leg the blood some-  
 times burst the veins of the leg. in others the veins do not  
 give way yet the part are too weak to carry on the ~~circu-~~  
 lation and the sore becomes of a livid colour, owing to  
 the stagnation of blood. by a rupture of the veins the  
 inflammation is increased and the sore discharge a bloody serum.  
 in this state of weakness the part may be stimulated  
 with camphorated spirit or even alcohol. if the veins become  
 varicose use a roller. when a rupture of the veins take  
 place a bloody serum or mucus is thrown out which act as  
 an irritant to the new and tender granulations. Inflammation  
 comes on and the secretion of good pus is diminished. if this  
 discharge be not soon stopped the granulation stop off  
 the symptoms return and the sore is enlarged. the  
 best cure is an horizontal position. the patient should be  
 confined on his back in bed and be kept perfectly at rest.



circulation. It is the duty of the physician to keep the  
arteries open and capable of carrying an increased  
amount of blood. The system must be kept in a  
state of health. On the vessels of the lower part of the body there is a  
great deal of support for the weight of blood and a  
great deal of gravity. There is the weight of the  
arteries being broken down. There is a great deal of  
weight to support the system of blood when it is  
and this is the reason why in many cases the  
arteries have the weight of the leg on them. The  
arteries are too weak to carry the weight of the  
arteries and the blood becomes a great weight  
the circulation of blood. It is a great deal of  
inflammation is increased and the arteries are  
in the state of weakness the foot may be  
with a great deal of pain or even death. It is a  
disease which is a great deal of the weight of the  
arteries. It is a disease which is a great deal of  
on the arteries of the lower part of the body. It is  
disease on the arteries of the lower part of the body.  
The arteries are not so strong as the arteries of the  
the arteries are not so strong as the arteries of the  
part of the body is an important position. The  
arteries are not so strong as the arteries of the



When this cannot be accomplished bandages should be applied which is the best cure in ulcers of the legs, it prevents any over distension of the vessels.

Bandages are of three kinds

1<sup>st</sup> The Laced Stocking

2 & 3 Strips of leather, muslin, linen or linen spread with adhesive plaster, the cotton are preferable.

a laced Stocking would answer every purpose but it is too difficult to obtain. the use of a bandage is when we walk to prevent the vessels being over stretched by the blood the second impediment to the cure of ulcers is oedema. this is proceeded by adhesive inflammation which forms the basis for the granulation by uniting the cells of the cellulose. the watery part of the blood is thrown into the cellular membrane - we distend the sides of the sore and pressing the sides of the vessels on a stretch. but being rendered more compact by the adhesive inflammation, cannot give way to the distending force which presses against the granulations and if the distension be long kept up they will slough off. oedema generally subsides at night and the injury done during the day then repaired. in this way it will often continued some times while the oedema destroys, by day what it removed by night. in the cure rest and a horizontal posture are necessary. if this is not sufficient



When the animal is completely bled, it should be kept in a dark place, in order of the legs, it prevents any over distension of the vessels.

Parabola one of these kinds  
For the blood flowing

2 1/2 cups of water, sugar, wine or lemon juice  
with certain spices, the action is powerful.

A blood flowing slowly and every part of the body is in the effort to return. The use of a bandage is then one not to prevent the vessels being over distended by the blood the strong impulsion to the case of when it returns. The is produced by certain inflammation which forms the base for the granulation of uniting the cells of the cellular matter. Part of the blood is thrown into the cellular matter and behind the sides of the feet and putting the blood in the vessels on a shock, but being reduced to a small part of the original inflammation cannot give rise to the distending force which forms against the granulation and if the distension be long kept up, the cells will break off. Some generally divide at night and the day after leaving the day has appeared. In this way it will often continue some time while the blood is being kept off what it removed by night. In the case of a bandage, if this is not sufficient.



a roller must be applied. some authors advise the patient to take a degree of exercise after the application of the bandage it is certain the parts will heal speedily sometimes under this treatment. but I believe must sooner if the Patient is kept in quietude. the situation is a matter of consideration, the bandage should be applied in the morning before the patient rises and consequently before the leg swells. the third impediment is that method of treatment which some Surgeons call Dressing to the bottom, it is by pressing lint or other substance down to the bottom of the sore. this is a very hurtful practice as it must rent the uniting part and keep them asunder and consequently prevent them from healing. all such dressing act precisely in the same manner as a pea in a shoe. I might next enumerated different powders and salves &c but it is unnecessary. I may just mention however that all Stimulating salves are improper they either bring an inflammation or by their quality act as cancrum by removing those unnecessary dressing we put the sore in a state for healing. this way of Dressing to the bottom, was the ancient mode of treating fistula in ano. whatever impairs the constitution, independent of specific disease is an impediment to the cure of ulcers. the use of spirituous liquors act in this way, as we see ulcers in the people who are frequently intoxicated are very difficult to heal, hot or cold weather retard the cure of ulcers. I have seen an ulcer as large as the







palms of my hand visiting the treatment for six months cured by a fever in three days. The simple strength of the constitution has been supposed to have an effect in the cure of ulcers. observation proves the truth of this in general as the parts are able to go through their operation better, though I think I have seen them heal equally well in both constitutions.

## Irritable Ulcers

There are ulcers (spoken by different authors) which you will find situated about joints and tendinous parts, as the fingers tendons passing the tibialis Anticus, the Patella and on those tendons passing over the ankles. The difficulty of curing them arises from the irritation which is excited in them by the action of those muscles which belong to the tendons over which they are situated. now the best means which I have found of obviating this irritation is by applying a splint to the limb in such a manner as to prevent the motion of the joint where the ulcer is found this keeps the part at rest and the ulcers heal readily by the usual remedies. I shall now speak of different kinds of old ulcers and under the following heads. 1<sup>st</sup> of Inflamed ulcers. These are known by their pains & soreness and swollen edges and are accompanied with increased heat; the pus change or instead of pus they discharge some thin serum and other matter which has a purulent appearance and coagulates over the surface of the sore adhering closely to the granulations —



I have seen them feel equally well in both constitutions. I have been able to do through their operation better, though I think where observation forces the thought in general as the liver has been supposed to have an effect in the cure of a fever in three days. The simple thought of the constitution of my hand, visiting the treatment for the summer work of a fever in three days. The simple thought of the constitution of my hand, visiting the treatment for the summer work of a fever in three days.

# Invisible Utters

There are other (spoke by different authors) which you will find situated about point out numerous facts, as the fingers tend on holding the medical action, the relation and of these tendons passing over the pulleys. The difficulty of curing them arises from the contraction which is excited in them by the action of their muscles which belong to the tendon and which they are situated over the best means which I have found of restoring the position is by applying a splint to the limb in such a manner as to prevent the action of the joint where the ulcer is found. This keeps the part at rest and the ulcer heal easily by the action of the blood. I shall now speak of different kinds of ulcers and under the following heads 1<sup>st</sup> of suppurating ulcers, then of those of their form & location and of their edges and of their position in the breast, head, the face, stomach or intestines of the body, the limbs, the joints, the anus and other parts which has a frequent appearance and disposition in the surface of the skin, leading to the granulations.



# Treatment

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if there be such an inflammation present blood letting purging &c are necessary. bread and Milke poultices are the best applications to the part. the patient should be kept in bed when the patient is too weak to admit of evacuations and the ulcer is situated on the leg the foot should be raised to favour the return of blood. this act as a local affluence and without depriving the patient of blood.

I have seen this accelerate the cure immediately when the inflammation has subsided it may be considered and treated as an ulcer in any sound part.

## Fungous Ulcer

these have large granulations with round tops which are above the surface of the other part and have no disposition to heal or form skin. and sometimes have great Sensibility and bleed from the slightest touch, in others there are little or no Sensibility.

## Treatment

These may with a simple compress and secured with a rolled which press the granulation together and prevent the growth of the fungus, if this is not found sufficient, the excrescences may be destroyed by lunar caustic, or empyreum sometimes answered the same purpose.



# Treatment

if there be any of the following signs, the patient should be kept in bed, and the diet should be restricted to gruel and milk. The patient should be kept in bed until the fever has subsided, and the diet should be restricted to gruel and milk. The patient should be kept in bed until the fever has subsided, and the diet should be restricted to gruel and milk.

## Prophylaxis

## Embolus

There have been large quantities of the following signs, the patient should be kept in bed, and the diet should be restricted to gruel and milk. The patient should be kept in bed until the fever has subsided, and the diet should be restricted to gruel and milk.

## Treatment

There may be a simple case, and the patient should be kept in bed, and the diet should be restricted to gruel and milk. The patient should be kept in bed until the fever has subsided, and the diet should be restricted to gruel and milk.



## Oedematous Ulcers

in these there an effusion of serum in the cellular membrane, the granulations become of a purple colour, if the patient's strength be so much reduced evacuations will be improper. the oedema can frequently be brought down by strips of adhesive plaster and raising the leg to an horizontal posture. if this does not answer it may be remedied by means of a roller which should be wound from the extremities upwards.

## Sloughing Ulcers

In these the sloughing frequently arises from a weakness in the granulation. in some old ulcers when the granulation have risen to a level with the sound skin they become a purpuraceous black colour, mortification come on and the part slough. Sometimes mortification does not stop even at the edges of the sore, but goes on sloughing at one part while skin forms at another. in general mortification takes place over the whole surface of the sore. this is generally attended with febrile symptoms. but if the granulation do this through weakness they should be dressed with a poultice combined with Laudanum. the part are generally very sensible of the least irritation. ulcerations sometimes come upon both legs at once. one breaking out when the







the other heal. This proves that it does not depend upon weakness of the constitution or both so would be affected alike. in these cases from weakness we should use bark, opium, nourishing diet & when the mortification has stopped, carrots grated and boiled in milk may be applied to correct the fester. the fermenting poultice mixed with powdered charcoal may be applied. Sometimes when mortification is going on exclusively maggots may be formed (especially in warm weather) in the dead parts. To obviate this the dead parts are to be washed over with nitric or muriatic acid diluted in equal parts of water.

## Treatment

I have found the application of a blister over the ulcer an excellent remedy in stopping the progress of Mortification. The gastric juice has also been highly recommended in such cases but I can say nothing of it from my own experience. I shall now treat of Ulcers than occurs not infrequently in weak constitutions. They generally look well at first, the granulation form rapidly and generally raise to a level with the true skin, but our hopes are soon frustrated; for the granulation in a short time change their appearance and becomes of a purple colour and a part of them are removed by ulcerations. The patient should have nourishing diet and take the Peruvian Bark. Cold water may be







poured on the sore for four or 5 minutes every day. a weak solution of Limas caustic or common salt put upon lint and applied has proved usefull. Citrin ointment has also been of service. Lint dipped in a solution of oak gall to which Laudanum has been added applied to the sore; has sometimes cured ulcers that have resisted all other remedies.

A remedy with I have also found useful in these ulcers was bread and milk poultice wet with the Juice of common Periwinkle.

## Indolent Ulcers

When nature has been protracted frequently in her attempt to form a cure the parts become indolent and have no disposition to form a cicatrice, and when the inflammation is reduced to edges remains in a callous tumefied state. in consequence of the coagulated Lymph not being absorbed when the inflammation was removed.

## Treatment

The best plan of treatment is to remove the callous edges after the inflammation has subsided and so change the disposition of the ulcer to the same nature as that of a sore from accident. this may be done either with a knife or caustic, or it may be done in another







way (viz) by means of a bandage and pressure. Mr Bayton  
 say that adhesive plaster will mostly answer. When the  
 caustic is employed, we should proceed in the use of it to the  
 middle of the sore and sometimes over the whole sore until  
 the ulcer put on an healthy aspect. taking care after it  
 begin to heal not to apply it near the edges or we shall  
 by means destroy the granulations and prevent the cure by  
 making the ulcer larger. Under this head I shall speak  
 of the application of mercury.

Mercury is sometimes very usefull in curing sore  
 given in small doses. but if this is found insufficient we  
 should increase the dose sufficiently to create a gentle  
 ptyalism. . The Tincture of Maph is sometimes used  
 or we may apply a solution of lunar caustic to the  
 parts or it may be sprinkled with red precipitate, or  
 a decoction of walnut leaves. and dressed with unguentum  
 Citrinum. &c

## Carious Ulcers

When the dead part of the bones becomes a stimulus  
 to the absorbents to separate the dead portion. I do not  
 pretend to enter into a discussion of the causes that pro-  
 duce exfoliation of the bones but I may observe that



may (but by means of a bandage and pressure) be kept  
 day that extreme (phlog) will usually subside. When  
 can't be employed, we should proceed in the use of it to the  
 middle of the day and sometimes over the night, when until  
 the ulcer put on an healthy aspect taking care after it  
 begin to heal not to apply it near the edge or we shall  
 by means destroy the granulations and prevent the cure by  
 washing the ulcer deeper. When the head of the ulcer  
 of the application of mercury.

Of course a constant and equal in being the  
 given in small doses, but if this is found insufficient we  
 should increase the dose gradually to create a gentle  
 syphilis. The (conclusion of) syphilis is sometimes with  
 or we may apply a solution of lunar caustic to the  
 head or it may be sprinkled with red precipitate or  
 a solution of nitrous acid and diluted with aqua  
 ammonia. &c.

## Carious Ulcers

When the head part of the bone becomes a stimulus  
 to the abscess, so separates the dead part, & then  
 proper to enter into a discussion of the cause that pro  
 duces excitation of the bone, but I may observe here



as soon as any portion of bone become loose it ought to be removed immediately if possible. but when the bone is situated in the more fleshy part it is difficult to determine whether it is loose or not especially if the piece be large. it may however be discovered by the introduction of a probe if the bone been tight no pain will be felt on pressure with a probe. it is best to put a piece of wax on the end of the probe to prevent the point of it injuring the side of the wound. but if the bone be loose great pains will be felt on pressure or only light touching in consequence of the dead part being pushed upon the new and sensible granulations: if blood follows, we may believe the dead portion to be loose. if the bone be loose in order to extract it, it will be frequently necessary to make an incision done to it for the extraction of the dead portion. a sponge tent however often answers to dilate the orifice effectually. this should never be delayed when practicable to remove it for granulation to take place, forming a substance of nearly the consistence of bone. which increasing the dead parts prevent its removal. sometimes the piece exfoliated is too large to admit of an incision being made sufficiently large for its removal because if we divide the vessel in so hard and callous a part it will be very difficult



as soon as any portion of bone becomes loose it begins to  
be removed immediately if possible. But when the bone is  
detached in this manner, it is difficult to determine  
whether it is loose or not especially if the piece is large.  
may however be discovered by the introduction of a probe  
if the bone has been light in form will be felt as pressure  
with a probe. it is not to put a piece of way on the  
end of the probe to prevent the point of it injuring the  
side of the wound. But if the bone be loose great force  
will be felt on pressure or only light touching in  
covered pieces of the dead part being pushed upon the  
bone and beneath granulations. If things follow, we  
may believe the dead portion to be loose. If the bone  
be loose in order to extract it, it will be frequently neces-  
sary to create an incision down to it for the extraction of  
the dead portion. a sharp point however often and  
- may be used to extract the portion effectively. This should never be  
believed when fracture is to be removed for granulations to  
take place, forming a substance of nearly the same  
- tissue of bone which in creating the dead part for  
and its removal. Sometimes the piece of detached bone is too  
large to admit of an incision being made sufficiently  
large for its removal because if we divide the vessel  
we shall not allow a part it will be very difficult



to take them up. To avoid this it is better to break the bone with a strong pair of nippers after which the pieces can be readily extracted. in

In a case of Carious ulcer of the lower jaw which irritated the masseter muscle to contract so that the mouth was kept closed cartilage was formed in the same manner, so that the jaw could not be opened occasioned the Carious bone. The Surgeon not understanding the case sent the patient to the city to have dissected, supposing an Adhesion of the parts had taken place.

## Varicose Ulcers

These are caused by varicose veins and very much resemble ulcers of the indolent kind. The vena saphena most generally becomes varicose and prevents the ulcers from healing. They may be often remedied by tight bandages or a laced Stocking. but this is necessary to be continued so long that the patient is tempted leave it off too soon, before the cure is complete. This may be superseded by an operation performed by tying a ligature round the vein so as to take off the column of blood. This practice was revised of late years by Mr Hunter and afterwards by Mr Home.



do take them up. do away this it is better to break the bone  
 with a strong pair of nippers after which the bone can be  
 readily replaced in  
 For a case of Cancer ulcer of the lower jaw  
 which resisted the mercurial treatment to contract so that the  
 mouth was kept closed casting was formed in the lower  
 jaw, so that the jaw could not be opened or extended  
 the Cancer bore. The operation was undertaken in the  
 fact the patient to the end to have Cancerous suppuration  
 our collection of the parts had taken place

# Varicose Ulcers

these are caused by varicose veins and very much  
 resemble that of the venous kind. The venous system  
 most generally becomes varicose and prevents the return  
 from healing. they may be often cured by light band  
 dress or a local dressing. but this is necessary to be  
 continued so long that the patient is completely cured  
 it off. too soon, before the cure is complete. this may  
 be superseded by an operation performed by tying a  
 ligature round the vein so as to take off the column  
 of blood. this practice was revived of late years by  
 Mr. Astle, and afterwards by Mr. Hume.



I shall read you the treatment by Mr. Home in performing the operation he recommend the Patient to stand on a table on which is placed a chair and lean over the back of it in this way the vein will be completely distended with blood, and the arm will be at a convenient height for the Surgeon but in this situation it is difficult to get the light to fall on the part and the Patient not knowing the pain attending on it is mostly restless and discontented. I therefore apply a Tourniquet upon the thigh so as to compress the vein without the arteries by which means they become distended and the operation can be easily performed. The veins may be tied up in the arm in order to do this the Surgeon must pinch up the skin, the skin so raised is to be divided over the vein a silver needle with a blunt point is to be armed with a ligature and passed round the vein and the patient placed in a horizontal position before the vein is tied to free it from all blood. I apply a small piece of linen rag on the vein directly under the knot formed by the ligature so that when the sides of the vein has united the ligature may be cut away without injuring the vein. in common the ligature may be cut away about the tenth or twelfth day. but it is not necessary it should remain so long. after the ligature is secured the edges



I shall read you the treatment by Mr. Thomas in per-  
 forming the operation he recommends the Patient to stand  
 on a table on which is placed a chair and lean over the  
 back of it in this way the vein will be completely ex-  
 posed with blood, and the hair will be at a convenient  
 height for the operation but in this situation it is diffi-  
 cult to get the light to fall on the part and the Patient  
 not knowing the hair extending on it is usually restless and  
 discontented. I therefore apply a bandage upon the  
 thigh to or to compress the vein without the action of  
 which means they become distended and the operation can  
 be easily performed. The veins may be tied up in the  
 arm in order to put the ligature round first up  
 the arm, the skin is raised it is the easiest over the  
 vein a blunt needle with a blunt point is to be inserted  
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 to free it from all blood. I apply a small piece of  
 linen lay on the vein directly under the first formed of  
 the ligature as there is then the side of the vein has  
 united the ligature may be cut away without injuring the  
 vein. In common the ligature may be cut away when  
 the tooth or knife is used but it is not necessary to divide  
 remains so long after the operation is cleared the skin



of the wound may be brought together by adhesive plaster and a pledget of lint applied so as to press upon the vein above and below the ligature. if the vena Saphena be divided both branches as it secured. sometimes both trunks of the vena Saphena are affected and requires to be tied. but it will not be necessary to tie both when only one is affected.

Dr Phyrick says he has performed the operation, but he found the ulcer was not much benefitted by it the veins are at first diminished but they soon enlarge.

The Eight species of ulcers are caused by local and constitutional circumstances and continued by a peculiar diseased action as in venereal ulcers cancerous scrophulous &c. These may be remedied in two ways.

1<sup>st</sup> Those which are entirely local, may be cured by cutting the diseased part out with a knife but if one speck is left after the operation, as in venereal bubo, cancer &c. the parts spread like a ring broom and requires the frequent use of caustic.

2<sup>d</sup> When the continuation of the ulcer depends upon any constitutional injury, that injury must be removed before the ulcer can be cured. Dr Phyrick says I have found the terra japonica powdered and sprinkled over the ulcer do much service.



then position forward and straightened over the whole of the body.

Dr. Whist says to have forward the  
constitutional injury that injury must be removed before the  
I then the continuation of the whole depends upon any  
frequency use of acids.

concent to the front of the head like a ring around and requires the  
but if one object is left after the operation, or in several tubes  
be cured by cutting the skin and part out with a knife.

1791 These tubes are entirely local, and  
No - there may be removed in the way.

are directed action of an external action, and requires  
and constitutional circumstances and continued by a period  
The right action of action are caused by local

enlarge  
by it the veins are at first diminished but they soon  
action, but he found the water was not much benefited  
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to be led. but it will not be necessary to tie both when  
points of the veins are affected and require  
smaller both branches of it secured. sometimes both  
above and below the ligament of the veins requires be  
and a subject of him applying to or to free upon the vein  
of the wound may be brought together by adhesive plaster.







*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*







On Trachurus



# On Fractures

A fracture solution of continuity of a bone occasioned mostly by external violence, but this however is not always the case because the patella is sometimes fractured in consequence muscular action, and the os humerus is sometimes fractured in the same way.

Bones are said to be more brittle in frosty weather, because slight fall in cold weather produce fractures and therefore it is said they are more easily broken in cold weather than in warm. but I think another circumstance, the contraction of the muscles, early contribute to this end. for instance when we pass over ice the muscles contract with violence and a sudden slip or fall occasioning them to act with greater force or violence produce a fracture. this is proven by intoxicated persons who seldom broke any of their bones by slipping or falling. which is owing to a greater relaxation of their muscles. if a bone be broken obliquely it occasions great pains on account of the sharp edges of the fractured extremities piercing the soft parts and causing convulsive action of the muscles. and when cured the limb frequently shorter than the other.

The Limb readily admits of flexion and extension of the injured part and is often distorted crepatus may also be perceived. Fractures are either simple or compound.

A simple fracture is when the bone is broken without any communication without externally.

A Compound fracture is when there is a laceration







of the surrounding part, so as to admit of external communication with the cavity of the fracture; if the external communication be small it frequently heals by the first intention, similar to a simple fracture and has been termed a simple compound fracture.

## Simple fracture

In the treatment of simple fracture of the extremities the limb should be placed in a state of relaxation and the ends of the bones into their exact position. in general the conservative action above mentioned ceases when the limb is reduced this in general is easily effected, but when it cannot be accomplished by ordinary means the patient should be bled and deliquium animi. if inflammation supervenes it should be reduced by bleeding and the antiphlogistic regimen. or purging is very inconvenient, they should only be employed sufficiently to keep the bowels open. The limb should be kept in its position by means of splints and bandages. The bandages should be applied very tight at first. Splints are stiff, firm substances and of four different kinds, wood leather whale bone and pasteboard, of these the last is preferable because they can be moulded to any figure by wetting them in hot water and adapting them to the part and when it becomes dry it maintains its figure.

We are very often not called to the accident till several days after it has happened; and considerable







degree of swelling and inflammation has taken place. This should be removed before we attempt the reduction of the limb, the bleeding low diet and the application of lead water poultice; as union does not take place where much inflammation is present. I may venture to propose this as a general rule, than at the end of 8 or ten days after the first dressing we should always examine the part, if any displacement has taken place and a alteration necessary, you may make as much as you please. The Patient should be kept to a low diet and submit to evacuations, by venesection in proportion to the inflammatory symptoms. I prefer this mode of depletion to purgatives as the latter is attended with much more inconvenience. If the Patient constitution be un healthy or weak it may not be necessary to evacuate at all the dressing at first should be applied loosely, or else if the limb swell the circulation will be stopped and so produce mortification. The time necessary for healing the fracture depends upon the age constitution and place of fracturing like wise upon the size and situation of the bone. The bones of young people heal sooner than those of the old.

The fractures of the tibia and fibula heal sooner than those of the femur, the bones in some constitutions does not unite at all but forms a kind of joint and in fact the ends of the bones are sometimes tipped with cartilage and have a sort of capsular ligaments. Two cases of fractured legs of this kind were cured in this hospital by moving the broken limbs, so







than the extremities of the bone might rest against each other, this was effected by causing the patient to support himself on crutches and moving about to bear as much weight as possible upon the injured limb which irritation seems to cause the process necessary for the formation of bone to be put into action.

The action very much accelerates the union, the adhesive inflammation is produced, coagulating lymph is thrown out which soon becomes vascular, then cartilaginous and lastly forms bone itself. Mr Hunter says when the bones do not unite we should make an incision down to them, but does not tell us of his having such a case. it has been recommended to make an incision down to the bone in such cases and amputated the ends of the fractured bone, in the same manner as in wounds of the joints but this is a very dubious, painful and terrifying operation and cannot be performed in all cases. as in fractures of the leg and forearm I would either advise to pass a seaton through the fractured ends of the bones, which is a much simpler method and attended with less pain, less inflammation and can readily be performed in any situation. I have performed the operation in this manner with very good success.

it was done by passing a needle armed with a skin of silk between the divided ends of the bone, this by irritating the parts caused inflammation, suppuration and granulation and in twelve weeks the patient complained of much more pains in bending the arm at that place. these granulations



for the repetition of the same might be against each other. This  
has effected by causing the system to support itself in itself  
and moving about in one or more ways or positions upon the  
important thing which relation seems to cause the person necessary  
for the formation of bone to be put into a state  
in a stationary with a certain amount of motion the object upon  
motion is produced, regulating things in terms and what can  
be done. Therefore, the condition and state of the bone itself.  
The doctor says when the bone is not in its state of rest it is  
an injury done to him, but does not tell us of his having such  
a case. It has been recommended to make an incision into the  
bone in such case and exposed for ends of the fractured  
bone, in the same manner as in removal of the joint but this  
is a very dangerous, painful and tedious operation and can  
not be performed in all cases, as in fracture of the hip and  
forearm. I would advise to put a doctor through  
the fractured end of the bone, which is a much simpler and  
less and attended with less pain, less inflammation and less  
readily be performed in any situation. I have prefer-  
red the operation in the manner with very good success.  
It was done by passing a needle about 1/2 inch  
of the distance that divided end of the bone, this by holding  
the bone round inflammation, suppuration and abscesses  
and in twelve weeks the patient complained of much pain  
from in bending the arm at that place. The operation



soon united leaving only a small hole of the seton which healed in a few days after it was removed.

in old people it should be kept a longer time for it appears to me that part around the bone begins to form first.

Simple fractures mostly unite by the first intention union of the bone requires more time than the union of the fleshy part. The coagulating lymph first becomes vascular then cartilaginous & then bone. in this way the substance called Callus is formed which being of a larger diameter forms a tumor round the bone at that place but is generally diminished becoming less and less till it differs but little from the bone itself at first the granulation are full of vessels. if the wound be simply lacerated union by the first intention fails suppuration and granulation supervene and the granulation when examined are found only to be vascular at the extrem points, the other part being of the nature of bones.







## Compound fractures

The first bound of union is lost in compound fractures as the blood which effect that union escape through the external orifice. compound fractures sometimes partakes of the nature of simple incision but much oftener, however, they are punctured, lacerated or contused, the fractured ends of the bones being so blunt as to tare the soft parts; again the soft parts are very much bruised, and the bone broken in several place by the mechanical force applied when it has been run over by a wagon or any heavy body falling upon it. fractures may be oblique, transverse or spiral, compound fractures is sometimes attended with profuse hemorrhage. When much blood issue from the wound we should apply a tourniquet on the principal artery. When the blood is thus stopped we should next determine whether the limb can be saved or not the Surgeon in those cases should be very cautious of a prognosis it is not for him to say whether the patient will die or not if the limb is not amputated. but he is to state the danger which will attend an attempt to save the limb. if it be so torn and strangled that circulation cannot go on to the extremities, amputation must take place, it may be done immediately or you may wait till the soft parts slough and then amputate that bone. If amputation be necessary



# Composed Tractates

The first volume of nature is lost in composing fashion  
 as the light which effect their union escape through the eye  
 of the eye. Composing fashion is sometimes possible of the  
 creation of things in nature, but such of them however they  
 are found, is created or contrived, the finished and  
 of the work being as found as to have the soft part again  
 the soft part are very much varied, and the same fashion  
 in several places. In the mechanical force applied to the  
 it that certain over which a organ or any thing may follow  
 upon it. Fashion may be design, however as of the eye  
 found fashion is sometimes observed with the same advantage.  
 which much does give the name in which effect of  
 principal or the principal style. When the work is in the  
 the style is not determined whether the work can be done or not.  
 the design in these cases does not seem to be a question  
 this not for him to say whether the fashion will be of the  
 if the work is not completed, but he is in state to say  
 which will attend an attempt to have the work done. It is  
 not good, designing, but it is not a matter of course to the  
 of nature. Composition must take place, it may be done  
 immediately or after many years. It is not good to have  
 then composed, that is, the composition is necessary.



would prefer it immediately; as we sometimes by that means prevent tetanus and likewise the patient is more willing at that time to submit to it. In amputation sometimes considerable hemorrhage takes place from the medullary vessels. Amputation it is said sometimes necessary on account of the hemorrhage which takes place. but this I believe is seldom necessary.

it sometimes happens that mortification makes it necessary to amputate the limb, this should not be performed while the mortification is progressing. Dr Gooden mentions a case in which the stream of blood flowing from the medullary artery in the tibia was equal in size to a cross-quill, and as it ran in a long canal in the tibia. He proposed to make two perforations near the end of the bone with a small trephine which was agreed to and the artery by this means lay bare and secured by a perpendicular pressure. but I have found in amputation of the medullary artery, the column of blood effectually stopped by a cedar plug thrust in beside the artery so as to press the orifice completely together and left so for 8 or 10 days until the union of the sides had taken place.

If bleeding take place from any part of a compound fracture of the leg it cannot be stopped by another means, the femoral artery must be taken up.

When the inflammation is great it demands our attention for if it be suffered to run on to suppuration the







Patient will be generally weakened by the discharge of matter his constitution becomes much emaciated and hectic fever comes on, when the discharge is very copious and hectic fever has taken place amputation is advisable.

In compound fractures we should endeavour to remove the splintered portions of bone when they can be discovered if it can be readily accomplished, but if the pieces are attached so as to occasion much pain in extracting them we must omit it until the process of epifoliation has completely taken place it sometimes happens that the external communication is very small so that the blood coagulates in the orifice and completely stops it up and renders the cavity perfect, so that the bone unite as in a simple fracture but though too much officiousness with a view to assist nature the Surgeon should be so very careful as to wash out the coagulum the fracture <sup>and</sup> will be rendered a compound one and go through the process of suppuration & granulation. if the external orifice be very small a portion of dry lint may be bound in it which will become wet with the blood, then dry and form a scale after the bones are reduced, when the ends are not splintered the edges of the wound should be brought into contact and secured by means of adhesive plates.

I had a case of compound fractures of the tibia where the ends of the bones had made their way through



Particular will be generally withheld. By the language of words  
the countries are to be seen much connected to each other  
and one is to be seen as a very important and useful part  
has taken place in the country as a whole.

In comparing factories we should endeavor to show  
the different portions of them when they can be described  
it can be easily accomplished, but if the pieces are abstracted as  
to be seen much from an abstract point of view.  
The power of observation has completely taken place in the  
factory that the capital communication is very small in the  
factory compared to any office, and completely kept up and  
the capital is to be seen in the same way as a single factory  
but though the most efficient part is to be seen in the  
factory should be so very carefully as to be seen in the  
factory will be seen as a compound one and so it will be  
factory of different parts. As a generalization of the whole  
very small a factory of any kind may be found in it which  
will become not only the best but also from a whole  
after the best are reduced when the best are not of interest  
the best of the whole should be brought into notice and  
shown in view of the whole.  
I had a view of comparing factories of the whole  
when the ends of the river had made this way through



the contiguous parts. The incision was an inch and a half  
 in length notwithstanding it united as a simple fracture and the  
 patient got well in about six weeks. If the inflammation run  
 too high it may terminate in mortification. To prevent this occur-  
 =rence from inflammation we should bleed and apply bread &  
 milk poultices. The bleeding should be practised as it is indi-  
 =cated. Some surgeons are fearful of large evacuations at  
 first on account of the copious discharge, than take place fear-  
 =ing they shall reduce the patients symptoms too much, not  
 recollecting that the inflammation which proceeds it is the cause  
 of the discharge matter. But it is necessary to distinguish be-  
 =tween mortification caused from inflammation and that which  
 proceeds from weakness. If it be occasioned by weakness  
 Opium bark wine should be administered. If mortification  
 be brought on by inflammation in compound fractures ap-  
 =ply a blister. It will here be necessary to distinguish be-  
 =tween mortification which is produced by the part being  
 killed by consequence of the violence applied, and that  
 which is the effect of inflammation induced by violence; as  
 the parts in the first having lost their life, must necessa-  
 =rily slough. Bones cannot bear a great deal of inflam-  
 =mation without losing their life.







## Fracture of Particular bones

First of the bones of the nose. These bones though not so frequently as others are nevertheless sometimes broken. Sometimes the fragments are pushed into the cavity of the nose which occasions a difficulty of breathing. When broken in this manner they may be reduced by introducing an armed Spatula or some thing of the kind into the nostril and when reduced it may be retained in its place by a gum elastic catheter if necessary if the project outwards they may be retained in their place by applying after they are reduced, they may be kept so by means of leather Straps spread with adhesive plaster, if the soft parts are injured apply a bread and milk poultice attention should always be paid to injury of the bones.

### of the lower Jaw.

Fractures of the lower Jaw sometimes occur at the Symphysis; but most commonly at the sides and in one side only, though sometimes they happen in both at once. They occur most commonly between the chin and procerus.

The coronoid process are seldom broken because they are so well defended by muscles, and I never saw but one fracture of the condyle. We can easily tell when it is



# Traction of Particular Bones

Of the bone of the nose. This bone though not so frequently broken as others are, sometimes breaks. Sometimes the fragments are pushed into the body of the nose, which occasions a difficulty of breathing. When broken in the manner they may be reduced by introducing an osseous splint or bone. The bone is then pushed into the nostril and is then reduced & may be retained in the place by a piece of tape or roller of retentive. If the point of the bone has been retained in the place, it is pushed out after the bone is reduced. The bone is then pushed out of the nostril, which is then pushed out of the nostril. The bone is then pushed out of the nostril.

# Of the Lower Jaw

Fracture of the lower jaw sometimes occurs at the chin, but more commonly at the side. It is sometimes broken in two places, but more commonly in one. The fracture is sometimes complete, but more commonly is incomplete. The bone is then pushed out of the nostril. The bone is then pushed out of the nostril. The bone is then pushed out of the nostril.



it is broken, though the fragments be ever so little misplaced by rubbing the finger along the bone it will cause pains and the patient cannot press the jaw again the other. When the fragments are displaced if we look into the mouth the rows of teeth are uneven and when the fracture is on both sides the digastric muscle will draw down the symphysis while the temporal muscle draw the angular part upwards.

## Treatment

Some Surgeons advise pieces of pasteboards to be applied to the Jaw, to keep it in its place, but the upper Jaw acts as a splutter to which the lower one may be fixed by a roller, apply the teeth directly together having the row exactly over each other and confining the Jaw with a roller; that which is mostly advised is that which has four heads, applying the body of the roller over the anterior and under part of the Chin, then drawing two heads upwards directly over the top of the head and the other two heads from the anterior part round the occiput and fore head alternately. I prefer a simple roller it will answer every purpose. The patient should be kept upon spoon food, and forbid all speaking and should not move his jaws for several days, the dressings should be continued for the space of three weeks by which







time union will take place not infrequently the teeth are loose under this circumstance some authors have advised to extract them. this should however on no account be done for fear of making a compound fracture, compound fractures of the lower jaw are mostly accompanied with carriage of the end of the bones.

## Bones of the Spine

When bones of the spine are injured the consequences to be apprehended are serious. When the spine is wounded there is always an extravasation of the blood from vessels of the part which extravasation presses on the spinal marrow. Some have advised an incision down to the bone to discharge the effusion but as it is very uncertain whether it be posterior or anterior to the spine (and if the fracture be internally it cannot be of any use) I should not advise it. When the injury takes place in the neck above the third vertebra which is commonly does the patient shortly dies (about the third day) a paralysis of the lower limbs comes on and likewise of the bladder so that the patient cannot void urine, nor scarcely faces, and breath with difficulty as it is only the diaphragm which carries on respiration. it is dangerous to lay the patient on his face for any length of time, as thereby the pressure on the abdomen would force the abdominal viscera upwards and prevent the



Bones of the Spine



descent of the Diaphragm. if the injury happens lower down the patient may survive a longer time, but I never knew a case of this kind from which any one recovered. The patient is compelled to lay on his back and the parts on which he lies mortify.

When injuries of this kind occur in the neck Distention has sometimes proved serviceable. though this is almost always of no use yet for the satisfaction of his friends we may put it into trial. to this effect we may pass two bandages round his Head one from under the Chin over the top of his Head, the other from the occiput round the fore part and secure them together on an instrument is then formed being operated when it rest on the shoulders and having a screw at the top and a hole directly in the piece under the screw to admit the end of the bandage in this manner the extension is made against the shoulders (previously having put a pad on both.) by stretching the bandage in consequence of turning the screw above, another measure methode is by tying the feet of the patient to the foot of the bed and the head to the head of the same and then applying Distention having a hole in the bed opposite to the arms for a convenience

The Patient in the hospital appeared to die in consequence of Mucus collected in the trachea and obstructing respiration, owing to the expiring force being destroyed.







The Bones of the Pelvis are seldom fractured owing to their great strength, though I once saw the dorsum split through. The Patient cannot stand up, suffers great pain; conveying a sensation as if he should fall to pieces. upon motion of the parts a crepitus may be perceived.

All that it is necessary to be done is to confine the Patient to one position, and then the most easy way to pass a roller around the pelvis according to the nature of the case.

## Fracture of the bones of the Pelvis

The bones of the Pelvis are seldom fractured owing to their great strength, though I once saw the dorsum split through. The patient cannot stand up, suffer great pain conveying a sensation as if he would fall to pieces, upon motion of of the part a crepitus may be perceived.

## Treatment

all that it is necessary to be done is to confine the patient to one position, and then the most easy and to pass a roller around the pelvis according to the nature of the case.



The town of the town are taken for their own  
 great thought, though I once saw the town after thought  
 the protest count stand up, after great pain covering a distance  
 as if he would fall to pieces, upon motion of the  
 resolution may be passed.  
 All this is necessary to be done is to make the  
 certain to our position, and then the next step is to  
 a better ground, the future according to the nature of the

# Treatise of the Power of the People

The town of the town are taken for their own  
 great thought, though I once saw the town after thought  
 the protest count stand up, after great pain covering a distance  
 as if he would fall to pieces, upon motion of the  
 resolution may be passed.

## Treatment

All this is necessary to be done is to make the  
 certain to our position and then the next step is to  
 a better ground, the future according to the nature of the



# Fractured Ribs.

The ribs are seldom fractured at once. the most common ~~more~~ individually. some times four or five are fractured at once. The most common cause of the fractures of ribs are fall or substances falling on us.

I have seen many from the falling of masses of Steel. fractures of the ribs are commonly attended with great pain, when the patient takes a large inspiration. a breaking cough is mostly a concomitant symptom. by applying the hand on the side the patient coughs, the crepitus may readily be perceived and if the lungs be wounded the patient expectorates a bloody mucus and air pass into the cavity of the Thorax. This when it takes place in a small degree is of no consequence. there will be a small irregularity or angle at the place of the fracture. if you press on the angle it is of an irregular shape and give a cracking noise, sometimes a swelling of the body takes place Emphysema it is occasioned by the air passing from the lungs into the cavity of the Pleura, which at every expiration issue into the cellular substance and sometimes makes its way into the whole body. When the Emphysema is partial a cloth wet with brandy may be applied to the Emphysematous part and confined by a roller. Dr Hunter has published an account of the treatment of such cases







in the second volume of the London Medical observations which I would advise you to read. it sometimes becomes necessary to make a puncture into the cavity of the pleura to discharge the air. when this is done it should be made between two round ribs midway between the Sternum and spine or else we may let the air to the fracture and convert it into a compound one for though it is in reality a compound fracture yet it frequently happens that the wound in the lung is so small that the bones unite like a simple fracture.

The air in the cellular texture may be let out by puncturing if it becomes necessary though it never produces inflammation as I showed upon treating of wounds.

In the treatment of fractured ribs a wide bandage should be passed round the thorax so as entirely to prevent the motion of the ribs, if great inflammation intervene treat it as a peripneumonia. Wide bandages should be passed round the thorax to prevent their slipping down for the cough which often remains for sometimes, the patient may take a spermaceti mixture or a solution of Gum arabic in water combined with laudanum. Sometimes small doses of laudanum are very serviceable. in about three weeks union will have taken place between the fractured ends and the ribs.







# of Fractures of the upper Extremities.

## and 1<sup>st</sup> of the Clavicles

The Clavicle is mostly fractured about the middle and it generally Slopes from the Scapula inward and downwards. When it is broken in the middle a displacement of the Scapula frequently take place downward and forward, with scarcely any displacement of the sternal part the former most commonly being below the latter, the weight of the arm cause the first and the Pectoral muscle the latter. with respect to the length of the bone its shortness may be attributed to the action of the pectoral muscle. if the Clavicle be broken within the ligament at its connection with the coracoid process it cannot be displaced and is frequently overlooked by the Surgeon. This circumstance should be very well remembered for by being overlooked, the little it is allowed may prevent its healing and produce an abscess and thereby cause a compound fracture.

but if it be broken in the middle the crepitation may easily be filled up, causing a motion of the arm. A Patient with a fractured Clavicle cannot raise his arm and likewise the shoulder on the side affected will be much lower than on the sound side.



of the Registers of the Upper Extremities

and I<sup>st</sup> of the Clavicles



# Treatment

The treatment of Fractures has been generally improved by Dr Desault. formerly the used in case of fractured Clavicle to set the patient on stool and cause an assistant standing behind him to place his knees between the Shoulders of the Patient and take hold of them with his hand to pull them back for the purpose of making extension, compresses were then applied under the arm and a bandage passed round the Shoulders and under them of the other in form of the figure 8 and the patient hand supported in a sling, but in this treatment there is nothing to prevent the Pectoral muscles from drawing the Scapula fragment under the Sternal one. I believe this is the present treatment in England and which I have frequently seen tried there but with very little advantage. This practice is in short of little service and is attended with one very serious inconvenience viz. <sup>abruption</sup> ~~extension~~ of the acilla. I shall now speak of Desault's method to prevent the prevent the Scapula part from passing below the Sternal one. a pad should be applied under the arm and secured by a roller. this roller should be passed several times round the body to prevent its slipping under the other. The pad may







be of muselin or flannel. The latter is preferred or of wood  
 horse hair &c. another bandage is to be applied round the  
 body to prevent its slipping. The Pad enable the arm  
 to act as a lever to the clavicle and effectually prevent  
 one fragment from slipping under the other. The pad may  
 over the arm drawing the elbow close to the body to keep  
 up the extension of the Clavicle it may have one or two round  
 the wrist to support the weight of the forearm; or a  
 strip may be passed round the wrist and pinned to  
 the other bandage to support its weight. a piece of soft  
 linnen or flannel should be applied between the wrist  
 and body. The weight of the arm should be supported.  
 next for this purpose an assistant should take hold of the  
 Elbow and press the arm upwards; this done a bandage  
 should be applied round in form of a figure 8 beginning as  
 follow, lay on the breast, pass over the fractured arm under  
 the elbow and over the same again then across the back  
 under the other axilla across the breast and so on the fractured  
 bone again pursuing the same course as before. we should then  
 feel the pulse to see if the circulation goes perfectly on. the  
 bandage should be continued about 2 weeks by which time  
 the union will have taken place; though I would advise  
 to continue then one week longer; as the union would consequently  
 be very weak.







# Fracture of the Scapula.

The symptoms of a fractured Scapula are a drooping of the shoulder, pain and crepitus. The acromion process is sometimes fractured though not very often but when this does take place it is to be treated exactly after the same manner as the Clavicle. it may be replaced by pushing the arm upward the fore arm may be <sup>fixed</sup> on the humerus and the bandage passed as before mentioned. The dressing should be continued about six weeks. I have never but once seen any other part of the Scapula fractured and that was nearly at its inferior angle and fractured transversely from the base to the inferior and ~~when~~ when the Scapula moved the low fragment remained still. When fractures of this part of the Scapula occur and when the lower angle is broken off it is drawn a little downward and forward by the action of the serratus major anterior muscle and cannot be pushed upward while the Scapula is drawn upward by the teres major. To remedy this the hand should be brought forward to the other shoulder which draws the Scapula round, so that the broken edge may be brought in contact with the fragment. a bandage should be passed round the arm and shoulder to secure the motion of the arm and keep it in this position and so prevent its moving the Scapula







## Fractures of the os Humeri.

This is most frequently broken about the middle, when fractures happen about this place there is no difficulty in ascertaining their situation the patient cannot raise his arm nor raise it in any degree it likewise bends in any direction and if extension be made the crepitus may be readily heard and felt. an assistant should seize ~~hold~~ of the condiloyle, bending the elbows and drawing it a little from the body to put the muscles in a greater state of relaxation an another assistant should take hold round the patient under the axilla to make a counter extension or take hold of the opposite arm the surgeon should take hold of the opposite arm and place the bones in contact. this being done a roller should be applied round the arm from the elbow to the shoulder (the length of the splints it should be pretty tight making a moderate pressure though not so tight as to stop the circulation. The roller should be applied from the hand to the shoulder and the splints are sufficient to keep the fragments in their proper places, four should be used if the arm is very large there should be a piece of painted board. The splints should be secured by another bandage the fore arm now remains to be supported this is done by a sling or by passing a roller round the



# Trachures of the os Humeri

This is a frequently broken bone, the middle, when fractured, happens about the place, there is an effusion in containing the substance the fracture common case. The bone will unite in any shape, it does not unite in position and position, he made the fracture may be made hard and soft, an abundant blood like that of the body to find the middle in a greater state of relaxation. In another situation, which takes place about the fracture, the middle to make a counter operation or take hold of the opposite end. The danger should take hold of the opposite end and place the bone in contact. The bone does not unite, should be applied about the bone from the elbow to the shoulder, the length of the arm, it should be fixed light, making a moderate pressure, though not so tight. As to stop the circulation, the other should be applied from the hand to the shoulder and the of bone are sufficient to keep the fragments in their proper place, from which be most of the bone in very long, there should be of both bones. The spine should be secured by a bandage, the fore arm and remains to be supported in a brace by a sling or by forming a collar around the



body having previously made a compress or pad to apply under the arm for the purpose of making the side level for the support of the arm. The bandage for the support of the fore arm begins at the opposite side passing over the hand over the elbow and round the body and pursuing the same course again at the end of ten days we should examine the limb the union at this time will be so soft that if any displacement should have taken place it may easily be remedied at the end of four or five weeks we may omit the bandage generally. if the fore arm swell much we may wrap the bandage from the end of the fingers this is however seldom requisite. Sometimes the os humeri is fractured near its head the patient in this case complains of pain upon every motion of the arm pressing the arm against the side causes pain. The lower fragment in most cases is turned inward toward the thorax. I never saw a case where it was either before or behind. if it turned inward the elbow stands off from the body a pad should be applied close upon the axilla between the arm and side to keep the bone in its right situation.

Fractures near the head of the os humeri have been taken sometimes for luxation and by trying to reduce the supposed luxation much mischief has been







done by irritating the wound and the surrounding soft part so as sometimes to produce suppuration. This mischief may readily be avoided by placing the finger in the axilla when we shall be able to feel the fragments instead of the round head of the bone. Sometimes when the lower fragment keeps its situation and the patient cannot use his arm, we are not able to tell the precise place of solution, but by extension and counter extension being made the crepitus may be felt by bending the arm. it is of great consequence to ascertain whether the humerus be lacerated or fractured, for if the latter and the lower piece turned inward the patient cannot rotate his arm when it is healed in this situation.

## Treatment

In fracture of the head of the bone begin the bandage at the wrist and wind it to the shoulder after the extension and counter extension has been made the splints should then be applied two or three will be sufficient if they are broad but if they are narrow apply one before one on the upper and one on the under part of the arm. These are to be secured by a roller. The lower fragment is to be kept out by a pad which is best made of a piece of flannel



...by ... the ...  
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# THEATRE

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folded up and placed under the arm this pad answer instead of a Splint. this being done the arm is to be bent at the elbow and secure by a broad roller. I prefer a roller to a sling as a sling admits too much motion.


in about four weeks the bones will be united though we should examine it in about ten days by which time the ecchymosis which frequently appears in consequence of the blood vessels being injured by the broken fragments will have completely subsided and we are the better enabled to judge of the proper situation.

I once saw a case where there was so much ecchymosis that I could not feel the bone at all. M<sup>r</sup> Desault advises when the effusion is great to make a free incision down to the fractured cavity and discharge the fluid. but this renders it a compound fracture which should not be done. the natural process of absorption will mostly remove it; if however at the end of three or four weeks it be not absorbed a small puncture may be made into the cavity to discharge the fluid. by this time the bone will have united and we shall avoid changing the fracture into a compound one as soon as the operation is done the edges of the puncture should be brought into contact by adhesive plaster so that the wound may be united by the first intention.



folded up and placed under the cover the first answer written  
of a paper. The being done the cover is to be put at the elbow  
and secured by a band roller. I prefer a roller to a string  
as a string would be too much trouble.  
In about four weeks the bones will be united through  
the blood circulation it is about the days by which time the  
compounds which frequently appear in consequence of the blood  
being injured by the broken fragments will have been  
fully absorbed and we are then better enabled to judge of the  
proper situation.  
I have seen a case where the bone was so much  
exposed that I could not feel the bone at all. Mr. Deane  
advised when the exposure is great to make a few incisions  
down to the fractured ends and discharging the fluid but  
this results in a compound fracture which should not be done  
the natural process of absorption will usually remove it; if  
however at the end of three or four weeks it be not absorbed  
a small operation may be made into the cavity to discharge  
the fluid by the time the bone will have united and  
we shall avoid changing the fracture into a compound one  
as soon as the operation is done the edges of the fracture  
should be brought into contact by adhesive plaster so  
that the incision may be united by the first intention.



The Humerus is also sometimes fractured transversally near the condyles and sometimes longitudinally at the same time so as to separate them. When the condyle are fractured in this way by taking one fragment in each hand and moving them backward and forward we easily perceive the crepitus if only one be fractured we may discover it in the same way. Besides this the part are so thinly covered that the fracture may be easily felt. I have already said that where the elbow joint is concerned in the injury it is right to keep the arm fixed, the fore arm should be rendered incapable of motion and after the fragments are placed right a bandage should be placed round the elbow. beginning about the middle of the fore arm and extending up to about the middle of the arm. To fix the fore arm, splints should be applied in the shape of a  each forming right angle over the extremity one. Then two more bent splints are to be applied one anterior and the other posterior, these splints are to be secured by bandages. The splint then extends along the fore arm should reach to the wrist. every motion of the fore arm displaces the fragments and must be prevented by a band round the body and arm. at the end of ten days we should take off the bandages and examine the limb, at the end of 10 days more we should take off the dressing again and flap the arm gently, after the 26 the dressing should be taken off daily and the arm flexed to prevent stiffness of the joint.



The difference is also sometimes found in the  
way the body is supported at the joint  
time as to separate them. When the body is supported  
in this way by putting one finger in each hand and moving  
them back and forth, the body is easily moved and the  
if only one is present we may observe it in the same  
way. Under the foot are so thick covered from the  
factors they be easily felt. I have already said that  
when the elbow joint is in motion in the way it is right  
to keep the arm fixed, the fore arm should be removed  
in motion of motion and after the fore arm is placed right  
a change should be placed around the elbow by moving the  
the middle of the fore arm and extending it to about the  
middle of the arm. In this way the arm should be  
applied in the shape of a T, each forming right angles one  
the other and then two more bent. When the arm is bent  
applied one anterior and the other posterior. The points  
are to be secured by drawing the points that extend along the fore  
arm should rest to the wrist. Every motion of the fore arm displaces the  
fore arm and must be prevented by a band around the body and arm. At the  
end of the band, we should take off the bandage and examine the hand at  
the end of 10 days when we should take off the bandage again and fix the same  
greatly after it be the bandage should be taken off daily and the same  
fixed to prevent motion of the joint.



# Fracture of the Olecranon 229

These are mostly caused by falls on the elbow and are always transverse when the olecranon is fractured the patient is not able to extend the fore arm because the triceps muscle which extends the arm is inserted into the detached fragment. The upper fragment is drawn a little upward from its place by the contraction of the muscle and you may move it from side to side.

## Treatment

The fore arm must be extended and the portion being placed in its situation is to be secured by bandages beginning at the wrist and winding round to the shoulder. When the bandages have got near the elbow, the Surgeon must feel if any portion of the skin is got between the divisions of the bone. The bandage is then to be continued on a splint should be applied to the anterior part of the arm to prevent flexion, after 10 days we may examine the state of the fracture and after the 20<sup>th</sup> day we should remove the dressing daily and gently flex the arm to prevent stiffness of the joint which sometimes happens. The dressing should be continued about fifteen days after till perfect union has taken place —



# Structure of the Olfactory

There are several causes by which the olfactory nerve is affected. The most common is a cold in the head, which causes the mucous membrane of the nose to become inflamed. This inflammation is attended with a discharge of mucus, which is often thick and yellow. The olfactory nerve is also affected by a variety of other causes, such as the use of strong smelling salts, or the presence of a foreign body in the nose.

## Structure of the Olfactory

The olfactory nerve is a pair of nerves which arise from the base of the brain. It is composed of two parts, the anterior and the posterior. The anterior part is the larger, and is the part which is affected in the disease of the nose. The posterior part is the smaller, and is the part which is affected in the disease of the head. The olfactory nerve is a pair of nerves which arise from the base of the brain. It is composed of two parts, the anterior and the posterior. The anterior part is the larger, and is the part which is affected in the disease of the nose. The posterior part is the smaller, and is the part which is affected in the disease of the head.



# Fracture of the fore arm

231

The bones of the fore arm are frequently fractured and the radius oftener than the ulna, the ulna being seldom broken alone. The radius is most commonly fractured at the wrist, when the ulna is not broken with it. no difference here can be seen in the length of the radius, all the difference there can be seen will be an angular projection at the wrist. this is commonly so low as to be taken for a luxation. the surgeon will put the arm in a sling and union will take place forming an ugly projection and the patient cannot rotate the arm as usual. we may distinguish between fracture and luxation by a crepitus attending the former, but besides the crepitus (which cannot always be felt) we may know by the tubercle of the lower end of the radius not being opposite the styloid process of the ulna as usual. it sometimes happens however that both are broken in the same place. the crepitus may be felt, the arm bent at the place of the fracture. and there will be a lateral depression caused by the bones being broken together.

## Treatment

to bring the divided surfaces into place an assistant should take hold of the elbow another of the hand and make the necessary extension. while the extension is making



# Fracture of the fore arm

The bones of the fore arm are frequently fractured and the radius often breaks the ulna. The ulna being broken, the radius is most commonly fractured at the wrist, where it is not broken with it. An effusion here can be seen in the depth of the wound. All the effusion that can be seen will be an enlarged projection at the wrist. This is commonly so far as to be taken for a fracture. The surgeon will put the arm in a sling and make it still. He will place a splint or cast projection and the patient cannot rotate the arm or twist the arm. Distending between fracture and fracture by a cast. Extending the joint, but beside the cast, which cannot always be felt. In many cases by the tendons of the hand and of the radius not being opposite the distal process of the ulna, a small elevation appears between the bone and fracture in the same place. The cast is very far from being dead at the place of the fracture, and there will be a great deal of separation caused by the bone being broken together.

## Treatment

To bring the broken ends into place an extension splint is made of the elbow, wrist of the hand and makes this necessary extension. While the splint is in making



the surgeon may replace the ends of the bones without any difficulty by taking hold of the arm and squeezing the flesh in between the bones so as to press them out, the interosseous ligament will prevent them being pressed too far out. This being done a bandage is to be applied beginning to the wrist and extending it up to the elbow. care being taken not to move the ends of the bones. Two splints should now be applied which should be wider than the arm and should be of firm material painted with oil without being wet out more very well. The splints should be covered with soft linen and extended to the ends of the fingers. The splint on the back part of the fore arm should be applied with the fore end below the elbow or else the elbow will be punished every time the arm is extended. having care to keep the thumb upper most or else the patient will not be able to rotate his arm as usual if it be suffered to heal in any other position. at the end of about four weeks union will have taken place.

## The Metacarpal

bones are sometimes fractured, two splints are sufficient (after extension has been made by pulling the fingers) one on the fore part and the other on the back of the hand secured by a roller.



the original way of placing the ends of the beam within the  
 difficulty of getting into the beam and opening the flaps  
 in between the beam to a few inches and the beam  
 support will prevent their being forced too far out. This  
 does a benefit in to be a slight opening to the beam and  
 opening it up to the beam. The beam being taken out to some  
 end of the beam. The object of this is to be a slight  
 in order than the beam and should be of some material  
 between every two beams very well. The object of this is  
 to prevent the beam from being forced too far out. This  
 should be applied with the beam and below the beam or else  
 the beam will be damaged every time the beam is extended.  
 having care to keep the beam upper part or else the beam  
 will not be able to rotate in case or wood if it is  
 to free in any other position. At the end of about four feet  
 more will be taken place.

# The **Atlet** 233

There are sometimes for classed, the object of this is  
 (after extension has been made by pulling the beam out)  
 on the far part and the other end of the beam  
 secured by a roller.



The Phalanx are sometimes fractured they are easily replaced and secured by four small splints one on each side one on the back and one on the fore part of the finger and a roller placed round them.

## Fracture of the os Femoris.

This fracture occurs most frequently about the middle or rather below it. Sometimes above, sometimes at the trochanter and sometimes at the neck. if it is fractured at the middle and the fracture is oblique it will be considerably shortened the fragments of one portion passing over those of the other. in consequence of the contraction of the muscles. the patient cannot move his leg, complain of pain in the thigh it bends at the place and upon motion the crepitus is discovered besides the limb will be distorted, the toes turning outward and when one bone passes over the other it will occasion a lump with some tension at that place. The lower fragment is mostly under the upper one. The manner in which fractures of these bones have been treated are very various. I shall at present show the method which is most commonly in use now. The extension and counter extension being made by assistants, the bone is replaced







by the Surgeon and short tufts of muslin placed under the thigh are brought over and made decussate each other at the top. a splint is then applied at the posterior part and another on the anterior part of the thigh. These splints are thin pieces of cedar or leather and secured by small pieces of tapers tied round. one at the upper and one at the lower end. Two bundles of straw or small bag of shaft are then to be applied one on the inside which is shorter and another at the out side and secured by tapers. To prevent the foot from turning out a bandage is fixed to the inn. bundle passed round the foot and pinned to the outer one. This is now I believe the mode of treatment in London it is however a very inconvenient way.

M<sup>r</sup> Dott supposed that the shortness of the limb which frequently occurred was owing to the muscles being in a state of tension when the limb was straightened out, he therefore changed the position ordering the patient to lie on the injured side and having the thigh drawn upward towards the body and the knee bent and thereby place the muscles in a state of relaxation but this will not be found to answer for often the ends of the bones will irritate the muscles causing them to take on contraction involuntarily and displace the bone. Besides we cannot ascertain the length of the limb



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of the ...  
place ...  
will not be ...  
down ...  
on ...  
which we cannot ...



Since measuring from the anterior spinous process of the ilium in this position is very inaccurate, again the posture is very uneasy and the patient cannot lie on his side so long. To obviate this it has been contrived for the patient to lie on his back and have his thigh and leg to rest on a machine somewhat like the roof of an house so that the muscle might be relaxed but here every time the bed pan is put under him the limb will be displaced to prevent this a son of Mr James Earle has contrived a bed with pulleys to hoist the upper one which must have a round hole cut in the middle or opposite to the anus to let the feces pass through into the pan which is to be placed under the hole is to be filled with a cushion made to fit it, but this is a very complicated and seldom to be got and it is therefore impracticable. he has however made an improvement in the bandage having them shorter than in the above described manner. so that the limb may be examined by just opening them at the top without disturbing it. all these modes are now found to be inconvenient for securing a fractured femur.

The body naturally descend upon the lower extremities when treated in this manner as the patient lies in bed. Mr Desault has greatly improved the dressing for fractured thigh by the invention of a long splint. I shall now show you Desault treatment. The bed should be made of firm board covered with a mattress and the patient



...in answer from the ... of the ...  
... is very ... again ...  
... and the ... to ...  
... has been ... to ...  
... his ... to ...  
... the ... of ...  
... but ...  
... will be ...  
... has ...  
... must ...  
... to be the ...  
... placed under ...  
... it, but this is a very ...  
... is therefore ...  
... in the ...  
... manner, so that the ...  
... of the ...  
... must ...  
... The body ...  
... is ...  
... has ...  
... of a ...  
... the ...  
... of ...



should have but one pillow under his head to prevent his slipping downward. There are several parts to this dressing  
 1<sup>st</sup> four tape strips laid one just above the knee one below it, one at the upper part of the thigh and one to the ankle.

2 a piece of Muslin or linen to wrap the splint in, this should be wide at the out side having the acute angle at the outer and upper side

3 strapp bandage long enough to reach round the thigh laid with the edges in contact so as to lay on each other placed so as to reach from the perineum to the knee

4 a silk handkerchief laid so as to come under the perineum and a cross the pelvis to make a counter extension the patient should lie upon them upon his back

5 a splint of the length of the thigh to be placed on the anterior part of it

6 a small piece of leather spread with adhesive plaster and laid upon the perineum the hair being previously shaved off to prevent any excoriation from the counter extending handkerchief.

7 another Handkerchief to be passed round under the heel and decurated at the top of the foot brought below it and tied to make the extension, the same caution is here necessary as in the perineum.



should have but was fallen and he was to be  
helping himself, but was several feet in the  
air for a few seconds and was about to fall  
and when it was at the point of the light and was  
to the water.  
2. a piece of paper or linen is held in the  
air, the hand is held at the end of the stick  
and the stick is held in the air.  
3. the stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
4. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
5. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
6. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
7. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
8. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
9. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.  
10. a stick is held in the air and the hand is  
held in the air, the stick is held in the air  
and the hand is held in the air.



8. a short Splint to go on the inside of the thigh and a long one on the out side for making the extension the extension and counter extension being made and the bone placed in their right situation And short bandage are to be wrapped the long Splint now rolled up in linen placed for that purpose. it is to be applied to keep up the extension the excavated larger end goes under the axilla, the holes are next to receive the counter extending Handkerchief for securing it the holes at the other end to receive those of the extending one after passing over the blocks which we see in tripping the Splint edge way which is designed for keeping the foot in a straight line. The other short Splint is to be rolled in the same manner to reach from the perineum to the sole of the foot. Notwithstanding the Splints are wrapped in linen, there will be when they are applied, some bare cavities which are to be filled up with bags of chaff. These are to be laid between the Splints and the leg and to fit nicely the unevenness of the leg to keep it steady and easy. Chaff is preferred because it can be removed from one end to the other easily. The short Splint is now to be laid on the anterior part of the thigh. it should be of pasteboard and should fit the thigh the four pieces of tape are now tied round the Splints in order to keep them still firmer a large bandage



8 a short. I think to go to the end of the bridge  
and a long one on the other side making the distance  
the or rather the distance between being small and the two  
places in their right situation. And I suppose one is to be  
transported and the other now rolled up in their place  
for their progress. It is to be applied to keep up the system  
the connected longer and for under the whole the whole  
one must to receive the counter as having them stretched  
for securing it the hole of the other end to receive them  
of the system one after passing over the door which  
we see in the drawing that a firm support which is designed  
for keeping the floor straight and the other that  
which is to be called in the same manner to keep from  
the pressure to the side of the floor. But not touching  
the whole one wrapped in one piece will be as the  
one applied down have cavities which are to be filled up  
with soap off chaff. There are to be laid between the plates  
and the top and to fit nicely the pressure of the top  
to keep it steady and even. Chaff is preferred because  
it can be removed from one end to the other easily. The  
chaff which is now to be laid on the exterior part of the  
things it should be of good wood and should fit the high  
the four pieces of paper on one side round the whole  
in order to keep them with firmness a large box keeps



is passed over the long Splint and round the body two or three times which prevent any motions. in this way extension and counter extension is kept up and the patient having many points to rest upon lying on his back he rest much easier than in any other posture. we should now examine the length of the limb if the fractured one be too short, increase the extension and when the bandage get slack they should be tightened. The ends of the bone should not be drawn in contact at first when there is a violent contraction of the muscles for it will cause great excoriation, but by keeping a moderate extension for a few days the Muscles yield to the force and are easily overcome.

The Splint now generally in use for keeping up the extension is not that originally proposed by Desault but is considerably altered in its form. The one originally invented by him comes only to the upper part of the spine of the Illium and extended a small way below the foot. The inconvenience resulting from the transverse position of the counter extension stay which almost always pressed the upper fragment outwards, wanted remedying, I therefore lengthened the splint so as to reach up to the axilla, by this means the place for receiving the counter extending force could be brought to a straight line with the limb and by placing a pad in contact with the axilla a portion of the counter extending force might be supported and thereby prevent the







excoriation of the perineum. This is particularly useful in  
 women whose urine is very apt to get under the dressing and  
 excoriate the part. When excoriation takes place they may  
 be washed with a little brandy. This I have found an  
 excellent remedy. Sometimes fractures happen at the end of  
 the femur, this may take place near the trochanter or  
 near the round head of the bone or the head itself may  
 be fractured within the ligaments. The patient is sensible of  
 the crack as soon as it is happen and cannot raise himself  
 from the ground walk or stand. Though M<sup>r</sup> Desault men-  
 tion a case where the patient could walk, the fragments  
 having become so locked. The foot turn inward seldom or  
 never outward though it is said sometimes to do so. The  
 Surgeon can pretty readily extend the limb if he is called  
 in soon after the accident. but if a considerable time has  
 elapsed more force will be necessary and I have some times been  
 obliged to bleed ad deliquium arteriae, the extensor being brought into  
 contact the crepitus may be perceived. There is another circumstance  
 by which the extremities of a fracture may be found place by  
 fingers on the great trochanter and rotate the limb if the neck  
 of the bone be broken the rotation will appear to be on the apex  
 of the thigh bone or as if the bone revolved on pivots but  
 if be broken lower down the apex will be thrown farther off  
 and the trochanter will describe a much larger circle. the







Idea of the thigh bone revolving on a pivot will be strongest when the neck is fractured nearest the trochanter. if the limb be much inflamed we must decline setting it till the inflammation has abated. the fracture of the neck I believe heal as any other part of the bone unless when they occur within the capsular ligament. and I have seen an instance where a fracture of this kind did not unite in eight years.

as we cannot always ascertain exactly fractures at the upper part of the thigh it is right in all such cases to apply Desault's apparatus. it would be right to form the patient of the difficulty of union when fractures occur within the capsular ligament. or even in any part of the neck of the bone. The dressings should be continued 50 or 60 days Desault says. I have seen but very few fractures of the neck of the thigh bone, indeed I may say but one. in this case the apparatus was taken off at the end of six weeks, when the union was yet very soft. I think there only a sort of ligament had formed between the divided extremities. in any case therefore we should not continue the dressings according to Desault.

Contusions on the buttock are sometimes mistaken for fractures of the neck of the femur. They may be commonly distinguished by the length of the limb being the







Same.

Sometimes the femur is fractured lower down than the middle, occurring just above the condyles the lower fragment sloping obliquely upwards and backwards, when it is broken in this manner splints applied on each side are sufficient. Desault's apparatus answers this purpose completely. a thick cushion should be laid under the leg to raise the lower fragment. Sometimes besides being fractured above the condyles are separated.

Fractures of the thigh bone of this place are easily ascertained. the thigh bone a crepitus are cany felt at that place, the patient cannot bend his leg and when the condyles are separated the crepitus may be readily felt by grasping the condyles with both hands and rubbing them together. I never but once saw a case of this kind and that was at the Hospital, but in this case the extremities of the upper fragment passed through the extremities and made a compound fracture. communicating with the lower joint and the patient shortly died. Splints on each side are then sufficient.

I shall now show Dr Hartshorne's method which is certainly very ingenious and sometimes answers better than Desault. the principal object is to make extension and counter extension fall in a straight line with the limb and thereby avoid any displacement by the extension in







application of the apparatus there is another advantage in particular derived from this mode of dressing it when the fractured end from an angle anteriorly which by this manner of dressing can be completely kept down by a compress. you will think perhaps that a bandage in the usual manner might do; but it will be found insufficient. The chief use of bandages next the thigh is to prevent the action of the muscles and may likewise give some lateral support.

## Fracture of the Leg

These occur most frequently about the middle and some time they are fractured transversally accompanied with little or no displacement of the fragments, but if the bones been broken obliquely the lower fragment runs behind the upper forming an angle anteriorly. The upper end of the lower fragment being drawn back by the contraction of the muscles. The tibia is more commonly broken than the fibula. They occur sometimes at the upper end and near the knee, sometimes in the middle and sometimes just above the ankle. if one bone only be broken the other keeps it in its proper place. if it be the tibia by grasping the limb above and below and trying to bend the leg the fracture



application of the apparatus that is certain advantage in front  
 of the patient from the mode of applying it to the fracture  
 and from an angle outwardly which is the manner of applying  
 can be completely kept from a compound one with which  
 perhaps there is danger in the usual manner might be  
 it will be found inefficient. The only use of bandages and  
 his duty is to prevent the action of the muscles and may  
 therefore give some lateral support.

## Fracture of the Leg

These occur most frequently about the middle and  
 lower line they are frequently transverse or oblique  
 with little or no displacement of the fragments, but if the  
 bone has been broken it is likely the lower fragment will be  
 the upper forming an angle outwardly. The upper end of the  
 lower fragment being drawn back by the contraction of the  
 muscles. The tibia is more commonly broken than the  
 fibula. The occurrence sometimes at the upper end and near  
 the knee sometimes in the middle and sometimes just above  
 the ankle. If one bone only be broken the other keeps in  
 its proper place. If it be the tibia by grasping the limb  
 above and below and trying to bend the leg the fracture



fracture may be ascertained. if it be transverse no displacement will take place.

I had once a case of this kind when the patient after having his limb dressed and being in bed three days felt so easy as to suppose I had been mistaken and that the limb had not been broken. The bandages was therefore taken off and the patient began to walk about the room, the family although thought I had been mistaken. being confident of the existence of the fracture I requested him to let me see him walk, he did so but the bone presently bent under him & he fell to the floor and had nearly converted it into a comminuted fracture. in all cases by grasping the limb above and below the fracture the crepitus may be felt by moving the foot

## Treatment

The leg is laid on a pillow after the extension and counter extension are made and the fractured extremities are brought into contact a roller may be applied from the ankle to the knee but as this cannot be easily opened to examine the fracture I prefer the strips during the application of the bandage extension & counter extension should be kept up by an assistant. Two splints are then to be applied one on the inside and one







on the outside of the leg and secured by pieces of tape. The splints should be of pineboards to support the leg and keep it firm. Two narrow boards are to be placed one on the inside and one on the outside of the pillow on which the leg rest and to be secured by tapes. if it be left in this manner the foot will fall outward and downward a bandage pinned to one side and passed round the foot and secured to the other side will prevent this. a cradle on in front of this a couple of hoops of a flimsy cane with about one third cut out of each hoop and crossed in the middle at right angle, are to be placed over the limb to support the bed clothes.

When the tibia & fibula are fractured transversely this method answers very well but when obliquely an angle is formed anteriorly and the leg will be shorter on account of the contraction of the muscles in these cases the extension and counter extension invented by Desault has been generally improved by Doctor Hatchison; whose method I shall now shew you. The counter extension is made by three pieces of tapes placed one in the inside and two on the outside of the leg. Then a roller passed round them below the knee to secure them in that situation. This should not be drawn tight or else the limb will







be apt. to swell in consequence of the superficial veins being pressed, a silk Handkerchief which is the best should be passed round the heel, brought on the top of the foot decussated and brought below and tied to make the extension. Strip bandage are to be placed under the limb enough to reach from the ankle to the knee. The extensions are now to be made by assistants with the Surgeon trap the bandage. Two splints with holes in this manner are next to be placed one at each side of the leg. These must be long enough to reach from above the knee to below the foot. The tape on each side of the leg is to be passed through the two smaller holes at the upper end of the splint and tied where a bar is passed through a large one beneath and fastened with wooden pieces. The extended Handkerchief is fast to the bar by which means the extension is completely kept up. Two bags of chaff are to be placed between the leg and the splint one on each side and the leg supported by a pillow.

The greatest inconvenience arising from this mode of treatment is the swelling of the leg occasioned by the bandage around the knee. The foot too often swells in consequence of the lymphatics being pressed as well as the veins. this mode of treatment will now do when



be able to look in consequence of the superficial veins  
being raised in the throat which is the danger  
be found about the neck brought out the top of the face  
be brought out brought down and laid to make the skin  
tight. It is dangerous to be placed under the skin  
enough to reach from the neck to the face. The  
operation can now be made by making a small  
incision through the dermis. The skin will take care  
the wound on each side to be placed one at each side  
of the lip. There must be deep enough to reach from  
above the lip to below the lip. The lip on each  
side of the lip is to be raised. The lip on the smaller  
side of the upper end of the lip and the lip on the  
a box is found through a large one beneath and also  
and the wooden piece. The operation is described  
is laid to the box by which means the operation is  
completely kept up. The depth of the lip is to be  
cut between the lip and the skin one on each  
side and the lip supported by a button.  
The greater movements, arising from the mouth  
of treatment is the stretching of the lip (occasional) by the  
language around the throat. The face can often reach  
in consequence of the superficial being raised as well as  
the veins. The most a treatment will not do when



any considerable inflammation exist as it will tend to increase it. This is a good method for compound fractures as it can easily be opened to examine the limb and to apply dressing to the wound and the extension and counter extension can be preserved when the fracture is oblique. In one instance the limb swelled so much that I was obliged to take it out and use Desault's apparatus.

Sometimes the tibia is fractured near the knee joint in fractures happening at this place seldom any displacement occurs, but the joint is very apt to swell and be very much enlarged and is often difficult to cure. I have seen a case of this kind where all the antiphlogistic remedies had been tried as bleeding cupping purging and application of Leeches &c but without benefit. Which was cured by extension and counter-extension and the antiphlogistic regimen. The Patient should be kept in the bed a long time as union does not take place soon. When this happens at the knee the limb should not be moved for four weeks and the dressings should be continued for six weeks and then moved by little and very carefully.

When it is fractured at the ankle the same treatment is necessary, the fibula is mostly fractured at the lower part near the ankle, but if broken by a blow.



any considerable, or immaterial, part as it will be to increase  
it. But in a good measure for important features or lines  
easily opened to opening the mind and to apply having  
to the mind and the external and county education  
be prepared when the factor is obliged to one instance  
the mind itself. It is much more than to be taken  
and one should observe.

domination. The idea is factored into the mind  
in factoring together of the ideas. When any single  
element occurs, but the point is very apt to be lost and so  
you must enlarge and it often difficult to one. A factor  
a part of the thing which is the subject of the exercise  
has been put on standing copying machine and a factor  
-tion of a factor. The fact is that the factor is not  
of extension and counter-extension and the subject of the  
extension. The factor should be left in the mind. The  
factor as much as the factor does not take place when the  
factor at the time. The factor is not as much as the  
factor itself and the bearing of the factor is continued  
for the factor and the factor of the factor and very

factor is factored at the end of the factor  
factor is necessary. The factor is not a factor of  
the factor but more the factor. The factor is not a factor



it may be fractured where the violence is applied, but the fibula is sometimes fractured by an abduction of the foot and the foot likewise lacerated. The reduction of it may be easily accomplished by grasping the foot and making extension. for fractures of the fibula the bandages should not be tight for the same reason as the forearm. two splints are to be applied on the side of the leg to steady the foot as the cure cannot be accomplished if the foot is allowed to move. because the lower fragment will follow the motion of the foot. in twenty five days union will be effected.

## of the Patella

Fractures of the Patella are commonly transverse, sometimes they are oblique and I once saw one longitudinal. the transverse one are generally caused by a violent contraction of the muscles of the leg, and the oblique by violent external force as falling on the knee &c. When a fracture of the patella takes place the knee becomes tumefied, and the upper fragment is drawn upward by the contraction of the muscle the lower fragment being fixed cannot move. The Patient cannot walk forward because he cannot extend his leg. but can



It may be found when the violence is applied, but  
the fibula is fractured by an extension of the  
foot and the foot taking up the weight of the  
may be easily accomplished by grasping the forearm and  
lifting upwards. The fracture of the fibula is dangerous  
should not be left for the same reason as the femur.  
the limb is to be applied on the side of the leg  
to steady the foot as the one can be accomplished if  
the foot is allowed to move. Because the lower fragment will  
follow the motion of the foot in twenty five days union  
will be effected.

## Of the Patella

Fracture of the Patella are commonly compound,  
sometimes they are simple and it is rare how one simple  
a child. The bone very rare are generally caused by a  
violent contraction of the muscles of the leg and thigh.  
The fracture of the patella is found in the middle  
of the bone and the upper fragment is driven  
downward by the contraction of the muscles of the leg  
and thigh. The lower fragment is driven  
upward and fixed. The patient cannot  
walk forward because he cannot extend his leg. but can



can go backward drawing his leg after him. When the leg is extended on the thigh the upper fragment will sometimes come in contact with the lower one and the crepitus may be felt.

In Longitudinal fractures the vacancy can easily be felt, the ligaments are so thin, the crepitus may be perceived on rubbing the parts against each other.

## Treatment

In transverse fractures bring the upper fragment down as near as you can to the lower one. The patient is to be laid on a bed and the trunk raised by means of pillows to relax the extensor muscles of the leg. it is better to bend the leg upon the body. the leg too is to be elevated in the same way and the fragments are to be brought close. apply a bandage from the foot to the knee, and assistant then hold the upper fragment down while the Surgeon puts another bandage from the hips to the knee. The fragments being then brought together a compres is to be applied just above the upper fragment and a similar one below the lower. These compres are to be secured by a roller passed over the knee nearly in form of a 8 as follows, beginning



can go backward showing the up after time. When the  
leg is extended in the back the upper fragment will  
be extended more in contact with the lower one and the  
upper may be felt.  
In dislocated fracture the upper fragment is  
be felt in the hip joint and the lower fragment is  
pressed or rubbing the joint against each other.

# Treatment

In transverse fracture during the upper fragment  
down or near or you can to the lower one. The patient  
is to be laid on a bed and the lower fragment is to be  
of position to relax the extensor muscles of the leg. The  
to bind the leg upon the body. The leg is to be at  
-rotated in the same way and the fragments are to  
be brought close. Apply a bandage from the foot to  
the knee, and maintain them till the upper fragment  
down while the shoulder joint another bandage from  
the hip to the knee. The fragments being held together  
together a cushion is to be applied just above the upper  
fragment and a cushion or below the lower one.  
cushion are to be secured by a roller round the  
that three strips in form of a 8 or figure 8 binding



above the patella pass under the poplitea over the tibia  
 just below the patella under the poplitea and so on  
~~passing the same course~~ then over the knee just above  
 the patella and so on pursuing the same course again.  
 This the best mode of dressing. The compress being secured  
 pass the bandage over the patella so as to cover it to  
 prevent the soft parts from swelling. in this manner  
 the fractured surfaces of the bone can be kept in contact  
 the bandages being wrapped from the foot. Keep the foot  
 from swelling, while those from the thigh not only  
 prevent the swelling but counteract the disposition of  
 the muscles to contract. To prevent flexion of the leg a  
 splint reaching from the Ischium nearly to the  
 middle is to be applied nearly on the posterior part  
 of the leg, it should be covered with flannel and  
 secured by a roller. if the splint reach below the foot  
 the pressure occasioned on the heel may cause ulce-  
 ration. The leg is to be kept elevated for some times.  
 Some Surgeons have been afraid to bring the edges  
 of the patella in contact fearing the bony matter  
 would be effused in the cavity of the joint an occa-  
 sion anchylosis. if the bandages on the lower fragment  
 be too tight anchylosis will sometimes take place



clear the fistula you make the fistula over the  
but below the fistula under the fistula and in  
passing (the same reason) the one the other  
the fistula and to a passing the one same  
the the red mark of burning the one in hand  
you the bagging over the fistula so to  
form the fistula in the  
the fistula of the bone can be kept in  
the bagging being wrapped from the top  
from swelling with the top and only  
prevent the swelling but prevent the  
the muscle to contract to prevent the top  
of the swelling from the fistula  
muscle is to be applied over the fistula  
of the top it should be covered with  
covered by a roller of the top and  
the fistula prevented or the top may  
action. The top is to be kept elevated for  
some persons have been afraid to bandage  
of the fistula in contact fearing the top  
would be affected in the cavity of the joint or  
some anchoring of the bagging in the  
be too tight anchoring will sometimes



pressure cause an absorption of the cartilage and union take place between the bones rendering the joint stiff. The bandages should never be applied tight if much inflammation exist. Union will be a good taking place about eight weeks when the dressing become loose that are to be removed by the Surgeon.

In longitudinal fractures a compres is to be applied on both sides and the flexion secured. Sometimes the upper fragment when no attention is paid is drawn up three or four inches and a ligament is formed uniting the ends of the bones to assist in the motion of the leg. & indeed we can seldom bring the fractured ends of the bone so close together as to form a bony union. This ligamentous union although it has been supposed an imperfection in the animal economy is a surprising proof of the perfection thereof, for if a bony substance had been thrown out and completely ossified the knee will have been entirely stiff. Whereas by this ligament being formed the patient may come to have the perfect use of his limb by exercising it daily. The patient should sit upon a table and swing his leg as much as possible although he will acquire strength but slowly, yet by perseverance the muscles will accom



former case on inspection of the castles and masonry  
there between the door and the point of the buttress  
should be applied right of which is the masonry  
which will be a good looking place about right  
when the building becomes loose. The one to be removed  
by the operation.

The capitalised fracture is a compound is to be  
applied on both sides and the upper secured  
the upper fragment when in position is put in place of  
the or the lower and a segment of a point within the  
case of the door to rest in the masonry of the top of  
which we can obtain being the fractured end of the door  
is then together as to form a door window. This  
is a window which although it has been exposed to  
inspection in the original masonry is a surprising fact  
of the perfect state, for a door window has  
been known and completely offset the stone will  
have been entirely stiff. It is by the fragmenting  
forward the patient may come to have the perfect  
of his limb by examining it daily. The patient should  
sit upon a table and keep his leg as much as  
possible although he will require strength but  
likely, yet by perseverance he will be well soon

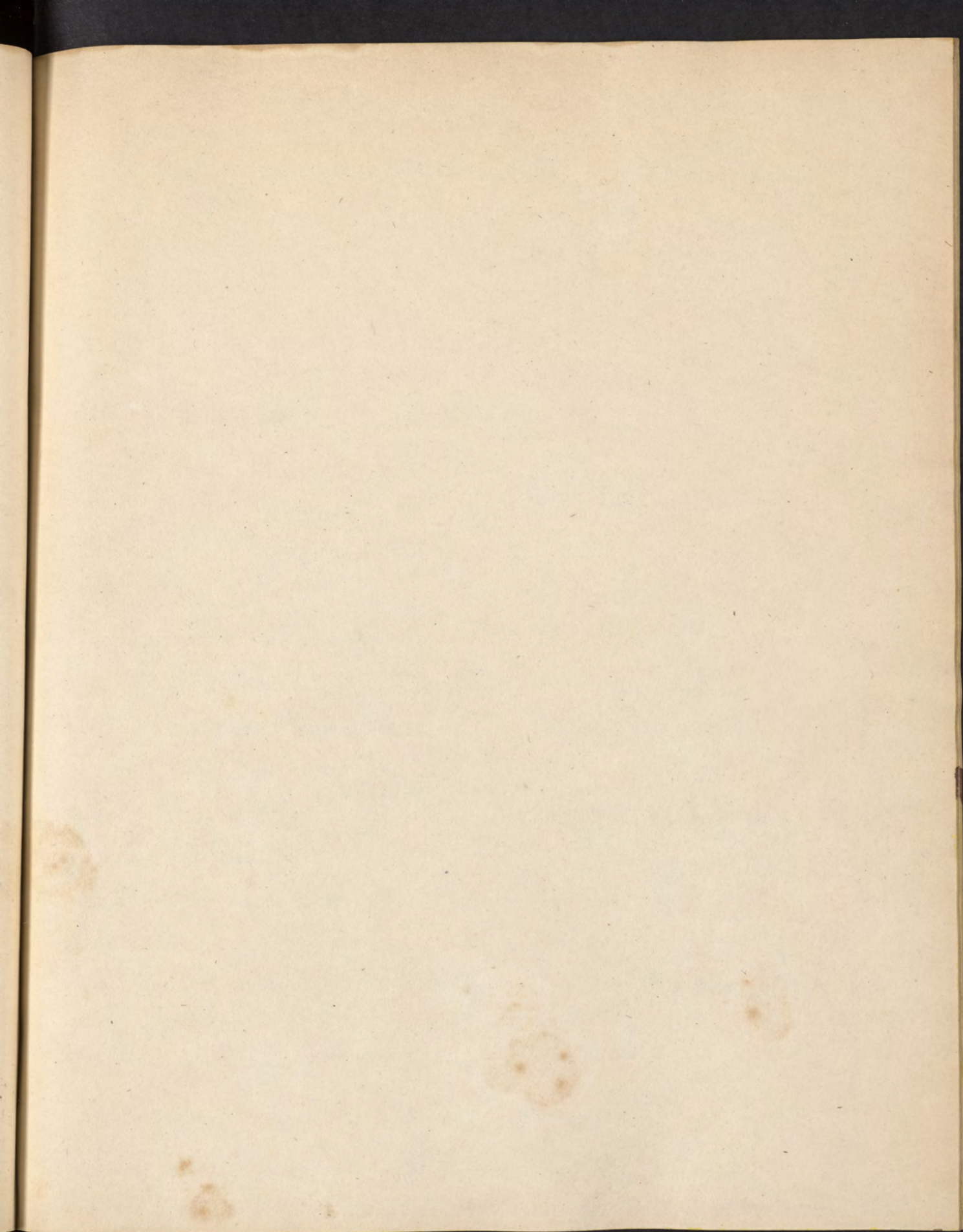


= modate themselves to the extra length of the tendons &  
the patient will be able to walk as well as ever.

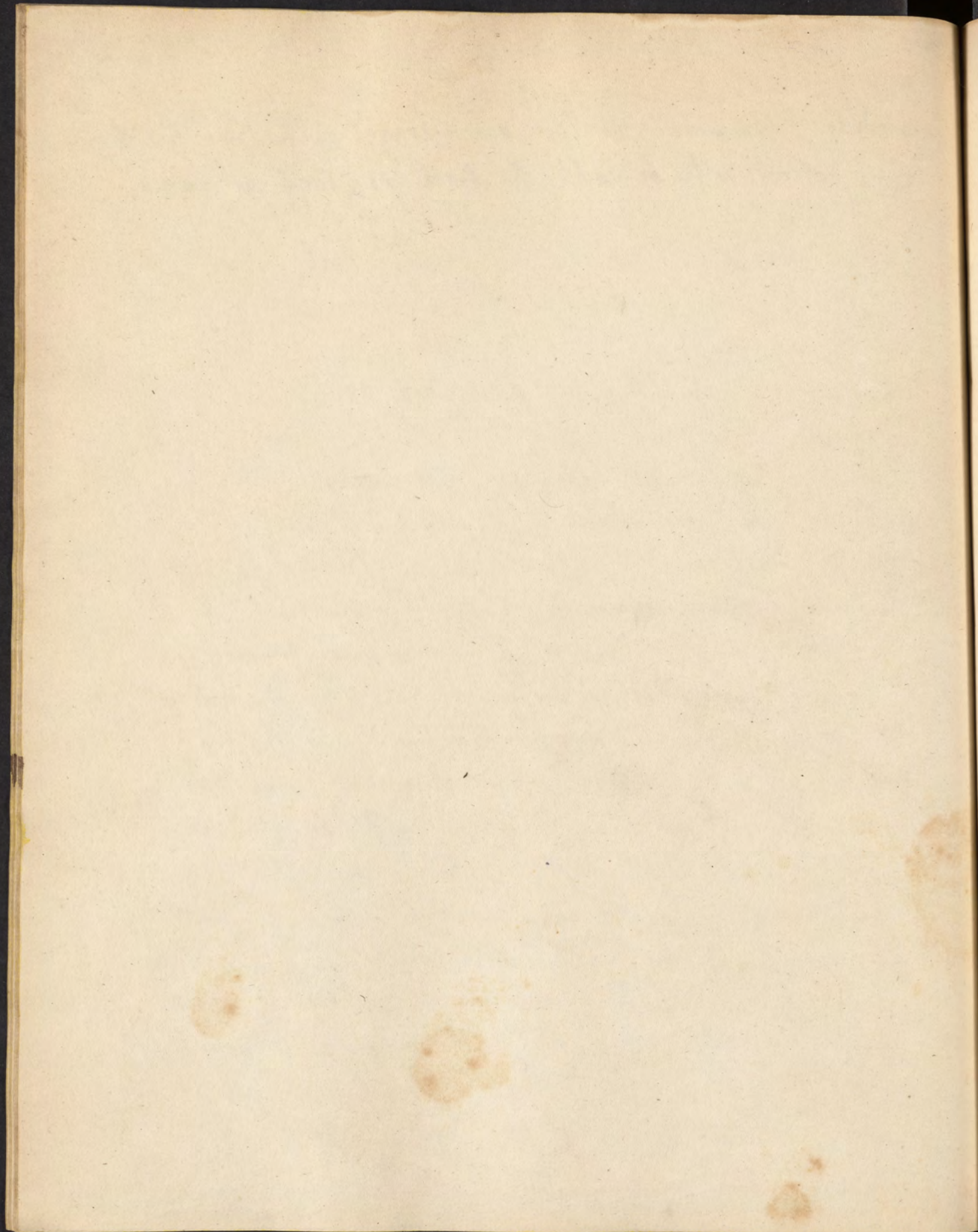


moderate. It is clear to the eye that the  
 the patient will be able to walk as well as ever.

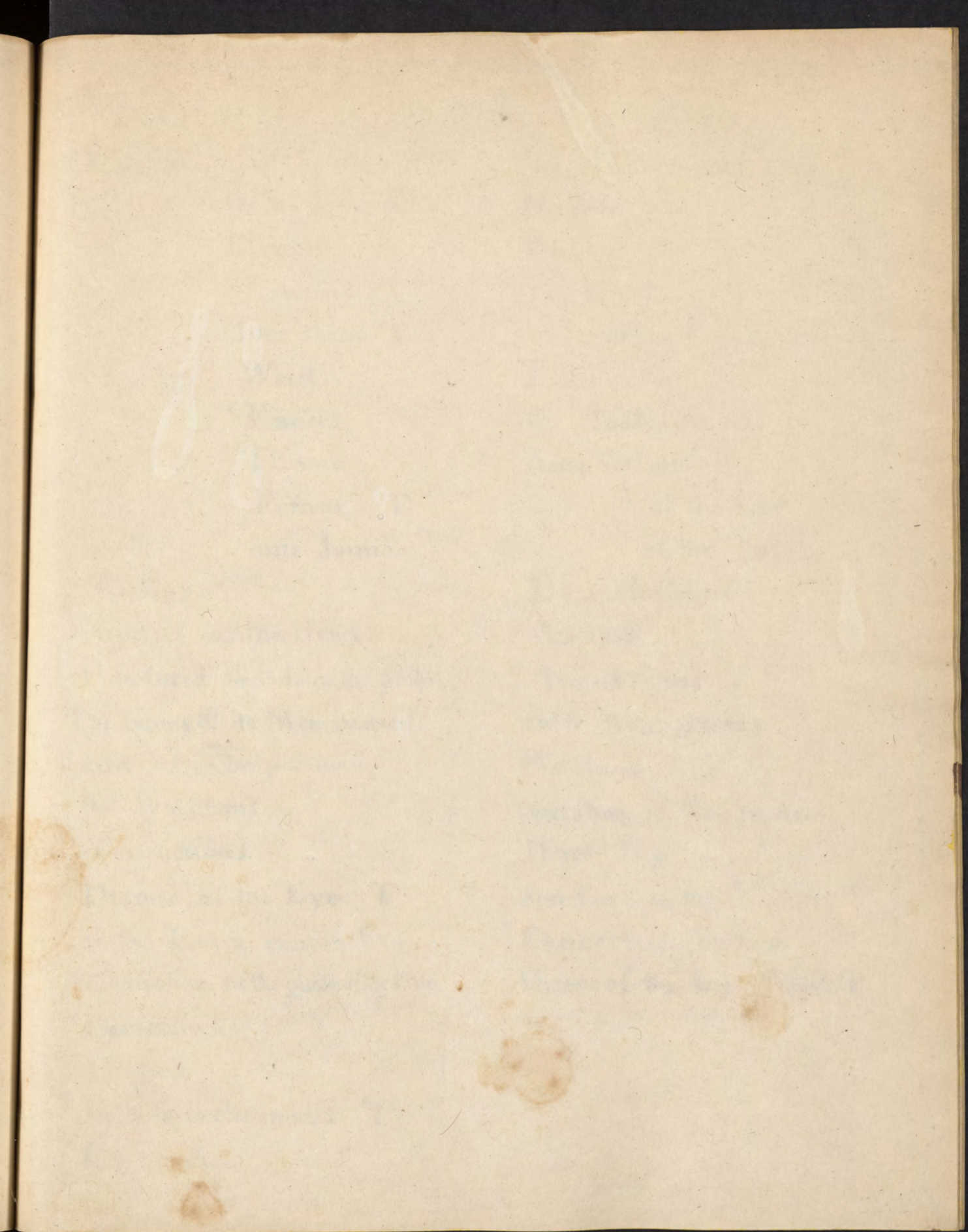




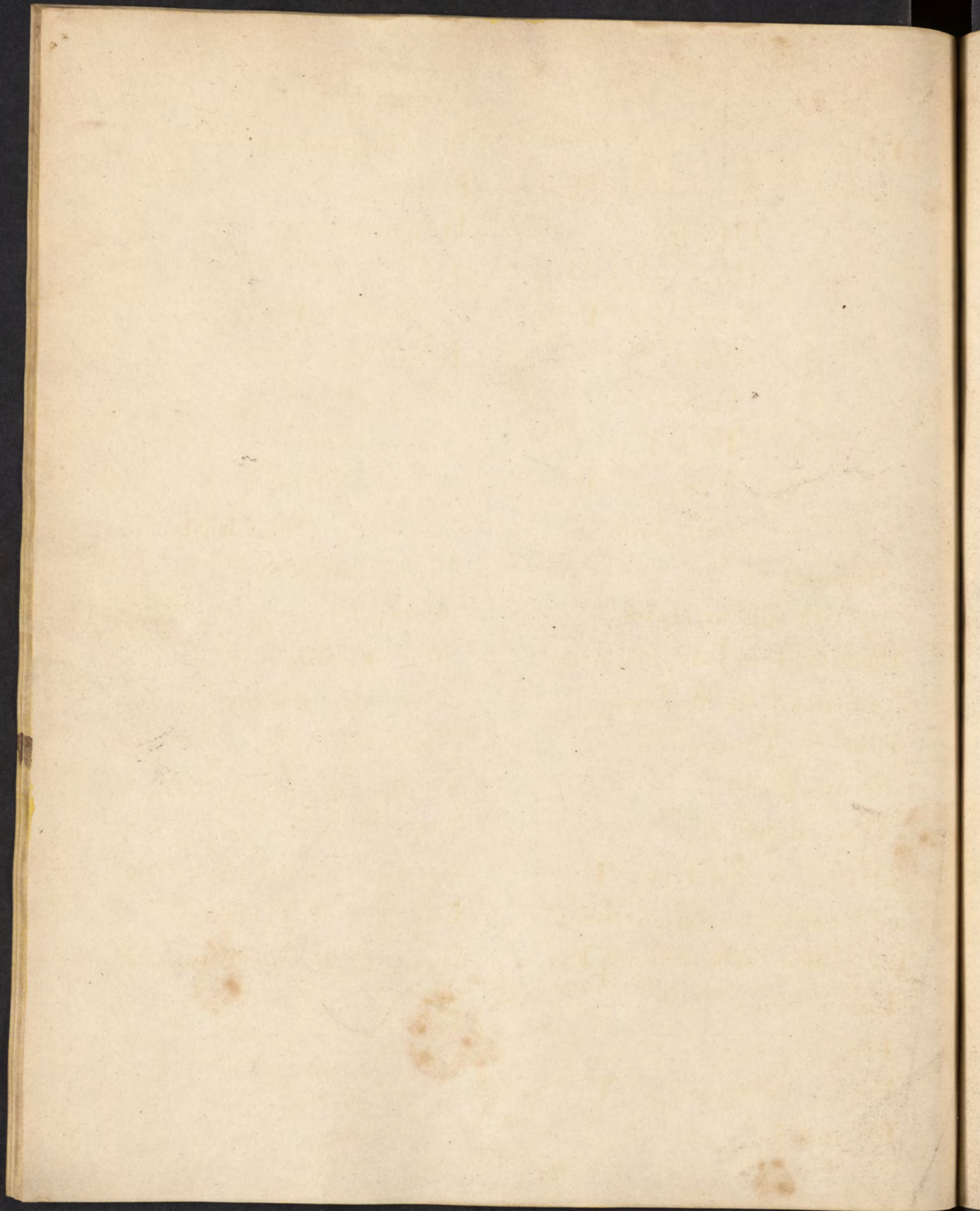














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Hare-Lip

Stricture in the Urethra T

Cancerous Breast

Abcess of the hip Joint T



Discussions

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# of Dislocation

When any bone forming a joint is forced from its natural situation, it is said to be dislocated. At occasion the patient a good deal of pains and cause a considerable alteration in the shape of the limb. in general if the surgeon is called in soon after the accident it is easily reduced, the greatest difficulty we have to contend with is the contraction of the Muscles. the ruptured capsular ligament does not make much resistance except in certain instances. The patient should be restricted to low diet, warm baths and mechanical force, and when there is a difficulty of reduction the patient should be bled to weaken the contraction of the muscles whereby we will be enabled to overcome them the more easily. in difficult cases I have found when the usual methods fail, that it is best to bleed ad deliquium animi. This completely destroys all muscular forces and experience has proved it to be the best method.

This mode of treatment was first practised in this country by myself when the patient refuse I have tried the nauseating effects of opium just before vomiting, an injection of tobacco smoke has proved useful when other things have failed. Boyer says that intoxication



# of Dislocation

When any bone forming a joint is forced from its natural position, it is said to be dislocated. The position of the bone is lost, and there is a considerable alteration in the shape of the limb. In general if the dislocation is not attended with fracture, it is easily reduced, the patient suffering but little pain. The reduction of the dislocation is effected by the use of the hand, or by the use of the lever. The reduction of the dislocation is effected by the use of the hand, or by the use of the lever. The reduction of the dislocation is effected by the use of the hand, or by the use of the lever.

The first of dislocations is that of the shoulder. It is the most common of all dislocations. It is caused by a fall, or by a blow, or by a sudden effort. It is attended with great pain, and with considerable swelling. It is easily reduced, and the patient is cured in a few days.



produce the same effect; and I suppose that it might answer the purpose very well. The muscular contraction continues to resist. The reduction for about three weeks after which the muscles become accommodated to their situation, the bones begin to form adhesion, which with the contraction of the capsule of the joint, causes the difficulty of replacement: so that it is most necessary to bleed ad deliquium animi, in cases where luxation has existed for more than a month.

When we apply force to the reduction of luxation we should be careful only to apply to the dislocated joint. The limb should be placed in a relaxed state. I shall now speak of particular luxations and first of

### Luxations of the Lower Jaw

When these Luxations occur they take place upwards and forwards so that the Condyle rest on the tubercle of the Temporal bone, sometimes both Condyles are brought forward and sometimes only one. When one only is displaced the Jaw is turned only to one side, when both are luxated the mouth stands wide open, in spite of the efforts of the Patient to the contrary, the Patient cannot swallow







The same effect takes place when only one condyle is displaced. if you apply your finger at the place of the articulation the cavity may be felt.

Luxations of the lower Jaw occur from yawning or opening the mouth too wide, sometimes causing a good deal of pains. Some years since a woman in the market falling into a great passion and opening her mouth pretty wide the better to vociferate, luxated both condyle and to great mortification could not close her mouth again and was brought two or three squires in the predicament to me to have them replaced. They were easily reduced.

## Treatment

In proceeding to reduce the lower Jaw we must take the precaution to wrap up our thumb pretty well to prevent their being injured between the teeth, by the convulsive action of the Muscles the moment the reduction takes place, they must be placed as far on the outer teeth as possible the fingers are to be placed under the chin then push the jaw downward and backwards at the same time squeeze the fingers upwards. if the fingers do not press the Jaw upwards the reduction will not be so easily if at



the same effect this place where only one copy is  
 desired if you apply your finger at the base of the  
 articulation the copy may be lost.  
 Location of the lower jaw occurs from opening or  
 opening the mouth too high, sometimes causing a good deal  
 of pain. Some years since a woman of the name of  
 Mrs. [?] had a great fracture and opening her mouth freely into the  
 better to separate, located both copies and to separate  
 investigation could not show her mouth again and was greatly  
 two or three years in the treatment to me to have them  
 repeated: they were easily reduced.

As proceeding to reduce the lower jaw we must take  
 the precaution to wrap up our thumb first to prevent the  
 being injured. Between the teeth of the convulsive action  
 of the muscles the moment the reduction takes place they  
 must be placed as far on the water that as possible  
 the fingers are to be placed under the chin. The first  
 the jaw is moved and backward at the same time open  
 the fingers upwards of the fingers do not have the  
 jaw upwards. The reduction will not be so easily if not



all accomplished. I have seen great force applied directly backwards without any effect. Some have advised to give a knock under the Chin, this may sometimes succeed, but is apt to break off the Neck of the Condyle.

no Bandages are necessary after the reduction

### Treatment

is the same as for fractured Clavicle, when the Scapula end is dislocated we must continue the bandage for a couple of weeks, or also the Shoulder will sink down lower than natural, or be firm a tumor on the top of the Shoulder.



all accomplished. I have been great for my spirit body  
doctors within my office, some have agreed to give  
a knock under the chin, the way to get in touch with  
is apt to break off the back of the neck  
as a surgeon or in many other the situation



## Luxation of the Os Claviculae

This may take place either at the Sternum or at the acromion process, I have never seen it occur at the Sternum, though I have no doubt but that it may occur there on account of the superficial articulation if a considerable force be applied so as to push the shoulder forward and inward when it happens the patient is unable to raise his arm. Luxation at the Scapular end I have seen. They may be occasioned by the Patient being thrown on his Shoulder from a horse or other way, so as to press it downwards, in both cases the

## Treatment

is the same as for fractured Clavicle. When the Scapular end is dislocated we must continue the bandage for a considerable time or also the Shoulder will sink down lower than natural and form a tumor on the top of the Shoulder.



7  
all circumstances. I have seen great good effected by  
doctors without any effect. Some have seemed to give  
a knock under the chin, the way to heaven, but  
is apt to knock off the block of the intellect.  
as savages are in many cases the victims



## Luxation of the Clavicle

This may take place either at the Sternum or at the acromium process, I have never seen it occur at the Sternum, though I have no doubt but that it may occur there on account of the superficial articulation if a considerable force be applied so as to push the shoulder forward and inward when it happens the patient is unable to raise his arm. Luxation at the Scapular end I have seen. They may be occasioned by the Patient being thrown on his Shoulder from a horse or other way, so as to press it downward, in both cases the

## Treatment

is the same as for fractured Clavicle. when the Scapular end is dislocated we must continue the bandage for a considerable time or also the Shoulder will sink down lower than natural and form a tumor on the top of the Shoulder.



The way taken place either at the afternoon or at  
 the morning, I have never seen it occur at the  
 afternoon, though I have no doubt but that it may occur  
 at the morning, as a result of the imperfect ventilation  
 of a considerable force be applied, so as to push the matter  
 forward and inward. When it happens, the patient is unable  
 to raise his arm. Location of the tumor and  
 size. They may be occasioned by the patient being  
 thrown or his shoulder from a fall or other way, so  
 as to press it downwards in such case the

## TREATMENT

In the case of a far advanced stage, when the  
 tumor is in the neck, we must continue the same  
 plan for a considerable time, as also the patient will  
 sink down lower than natural, and form a tumor  
 on the top of the shoulder, and in such case the



# Luxation of the Os Humeri

This takes place at the shoulder joint and occurs often as than any other bone; owing to its great latitude of motion in all directions by its glenoid cavity, it is mostly luxated downward toward the axilla and it is mostly occasioned by a fall on the shoulder, though I have seen it luxated forward and inwards between the Pectoral muscles and Clavical, but mostly inside of the coracoid process. It is said to have been luxated backward, but that I have never seen.

When it is luxated inward, and downwards, a depression can be felt above the humerus, between it and the Acromion process, if you put your finger in the Axilla the round head of the humerus may be felt. The Patient cannot put his elbow to his side, he cannot rotate his arm, nor put his fore arm to his head which is mostly somewhat flexed, he commonly has an inclination to rest his arm on something to support it. I have already shewn how to discriminate between luxations and fractures which you will do well to remember.



# Inversion of the Os Humeri

The last place of the shoulder joint and os humeri is shown as there are some bones, owing to its position of rotation in all directions of its glenoid cavity, it is mostly ligated down most threads, the capsule and it is mostly occurred by a fall on the shoulder. Though I have seen it ligated forward and inward between the scapular muscles and clavical, but mostly inside of the coracoid process. It is said to have been ligated backward, but that I have never seen. It has a ligament inward and backward a space can be felt above the humerus, between it and the coracoid process, if you put your finger in the middle the round head of the humerus may be felt. The scapular process put the elbow to the side, the coracoid rotates the arm, and put the fore arm to the side which is mostly scapular ligated. The coracoid has an inclination to cut the arm or something to support it. I have already shown how to distinguish between ligature and fracture which you will be well to remember.



# Treatment

If the Surgeon is called soon there is but little difficulty in replacing the bone, because the muscles do not begin to exert themselves immediately. I have accomplished it by placing one hand on the Acromion process to make the counter extension and pulling the arm to make the extension. to apply greater force it has been advised to apply a couple of towels in the arm just above the elbow by means of a roller then than the upper end of them down. but Mr. Hays method I think preferable, when the arm is drawn out by an assistant and counterextension made by another: place your hand in the axilla and push downwards at the same time suddenly push the elbow inwards the side after you have tried this method it without effect bleed ad Deliquium animi. if the patient be strong this cannot do any hurt and if weak there will be <sup>no</sup> necessity for it. this completely removes muscular action and the limb can be reduced with ease. about two years since a man was admitted into the Pennsylvania hospital with a dislocated Humerus, the accident had happened three or four weeks previous and the parts were so much swollen







than he had to remain about ten days before we could tell  
 whether it was luxated or not; after trying all the usual  
 methods to no effect I bled him till he fell on the floor  
 in a fainty fit, when the bone was reduced with the great  
 ease. I have since repeated it with the same good success  
 after a limb has been luxated for more than three or four  
 weeks the muscles become accommodated to the situation and  
 begin to form adherence. The best way to accomplish reduc-  
 -tion after adhesion has taken place is by a compound Tackle  
 Take two rounds of web and secure them at the middle just  
 above the elbows by means of a roller turn the upper halves  
 of them down to the lower and through the ends of them  
 pass the rope of the Tackle to make the extension, the  
 other rope to secure the Tackle it to be fastened to a firm place  
 to make the counter-extension a long strap about an inch  
 wide, stuffed with horse hair or cotton must be applied again  
 the acromion process and made fast to some fixed place.  
 To prevent the strap slipping off and excoiating the shoulder  
 a strap of a roller may be passed round it by which means  
 it may be kept in its place. To secure the thorax pass a  
 wide strap or belt round the body securing it with a  
 buckle or otherwise to have a rope which may be held  
 by an assistant to keep the body in its place as the



There be but to remain a few days before we could tell  
whether it was suggested or not; after trying all the usual  
methods to no effect I then tried the following in the first  
in a forty feet when the door was covered with the great  
at ease. I have since repeated it with the same good  
after a kind has been suggested for more than three or four  
weeks the muscles become accustomed to the situation and  
begin to form adhesions. The best way to accomplish this  
is after the adhesion has taken place is by a constant gentle  
tactile two rounds lower and lower than at the middle joint  
above the elbow by means of a roller from the upper part  
of the arm down to the lower and through the ends of them  
from the apex of the triangle to make the extension, the  
other side to make the triangle it is best to use a firm plate  
to make the counter extension a long way about an inch  
thick stuffed with hair hair or cotton wool wrapped again  
the extension piece and made fast to some fixed place  
to prevent the strap slipping off and extending the shoulder  
a strap of a roller way of having wound on it with means  
it may be kept in place. To draw the strap from  
the strap or roller round the body securing it with a  
little or other wire to have a strap which may be held  
by an assistant to keep the body in its place as the



patient is apt to get out of it, Thus fixed draw the rope  
 to make the extension and have a care that the counter  
 extension be made again the Acromion process, else the  
 arm may be torn from the Chest. it is therefore a great  
 service to make the counter extension again the Acromion  
 process. in making the extension the arm should be rotated  
 to separate the adhesion which has been formed, the Sur-  
 geon may have a towel under his arm and over his shoulder  
 to pull his arm up, or he may put his arm in the Axilla  
 and push the Patient's elbow down with the other hand, using  
 the Humerus as a lever. The bone has been lodged in the  
 Axilla for six and for 9 Months and been replaced and  
 indeed for a much longer time for it is possible to displace  
 a bone surrounded by a firm capsular ligament from a  
 natural to an unnatural situation and it is possible to bring  
 it from an unnatural to a natural one. but when the bones  
 cannot be reduced we are not to despair altogether as a  
 great many useful motions may be performed. I know  
 a Cabinet Maker whose Humerus was dislocated and yet  
 was able to follow his trade; and the motion he could not  
 perform was drawing his arm directly upwards. I shall  
 not pretend to describe all the machines that have been  
 invented for reducing luxations but only a few of them  
 it has been supposed that a staple fixed in the



It has been supposed that a shaft fixed in the  
not fastened to the ends of the machine than there for  
perform was bearing in some direct support. I shall  
now call to follow in track; and the motion he can not  
a certain maker. Where however was located and yet  
great many useful motions may be performed. I know  
cannot be reduced we are not to suppose altogether as a  
it from an unusual to a natural one. But when the bone  
natural to an unusual situation and it is possible to find  
a bone surrounded by a firm cellular ligament from a  
tubercle for a much longer time for it is possible to suppose  
another for 10 and for 20 months and even a year and  
the humerus as a bone. The bone has been taken in the  
and found the radius elbow joint with the other bones and  
to pull it down up, or he may put his arm in the position  
- great way. I have a towel under in arm and one hand would  
to separate the adhesions which has been formed. The  
process in making the extension the arm should be relaxed  
service to make the limited extension again the extension  
some may be lost from the chest it is therefore a great  
extension be made again the extension was the the  
to make the extension and there of course the motion  
motion is apt to get out of it. This I will show the case



over head and the patient suspended from it by his arm would be productive of good effect, but it would endanger, tearing the arm from the chest. as no counter extension can be made against the scapula or acromion. another method is by grasping the arm for the purpose of making extension (the patient lying down) the place the foot in the axilla for the purpose of making the counter-extension and when you make the extension pass the arm towards the side and your foot will thrust the bone in its place.

I saw Mr. Hunter do this very successfully, some advise having the arm over a fladder, but none of these methods are very good.

The next to be done is an assistant should here hold just above the elbow and another below at the wrist to make the necessary extension. the surgeon is to take hold just below the elbow and pull as far down the humerus as possible to draw the arm round the neck of the humerus. when the arm is finally extended by the assistant but it remains the day which will in most instances be sufficient to complete the reduction. a bandage may be placed round the shoulder.



over head and the position depended on the  
some would be for water of good effect. It is  
exchanged, leaving the room from the side, as in  
operation can be made against the windows or door  
= more. Another method is by raising the room  
for the purpose of making operations. The room being  
down, the place the feet in the open for the purpose  
= do of making the room on operations. And when you  
make the operation you the room towards the side  
and your feet will touch the room in its place.  
I don't think the room is this way successfully done  
arrive having the room over a flatter, but more of these  
methods are very good.



# Luxation of the Fore Arm

The fore arm is luxated upwards & backwards, forming a protuberance behind the arm, & the arm is kept flexed; though sometimes the arm is luxated laterally.

The covering of the part is so thin, that the Surgeon can readily ascertain the nature of the case, the Patient cannot flex or extend the arm, the Coronoid process of the Ulna occupies the cavity naturally filled by the Glenoid and it is what prevents the reduction.

## Treatment

In order to reduce it an assistant should take hold just above the Elbow and another below at the wrist to make the necessary extension, the Surgeon is to take hold just below the elbow and pull at the same time directly backward to draw the Coronoid process of the Humerus. When the arm is forcibly extended by the assistant bent it towards the body, which will in most instances be sufficient to complete the reduction. a bandage may be placed round it to secure it.







## Luxation of the Wrist

This takes place forwards and backwards. It can be readily reduced by making the proper extension and pressing the bones at the same time into their place.

## Luxation of the fingers

These also occurs backwards and forwards; extension and bending will commonly reduce them.

## Luxation of the Thumb

When the thumb is luxated at the second phalanx it is the most difficult to reduce of any bone in the body, extension has been applied so as to tear of the first phalanx and yet the bone not reduced.



# Luxation of the Wrist

The bone of the forearm is forced forward and backward at the same time, and the joint is broken at the same time into three pieces.

# Luxation of the fingers

There are three kinds of luxation of the fingers, and they are all very dangerous.

# Luxation of the Thumb

When the thumb is luxated, it is very dangerous, and it is very difficult to reduce it, and it is very difficult to keep it in the place, and it is very difficult to keep it from coming out again.



## Luxation of the Os Femoris

This formerly was thought by some not to occur on account of the amazing strength of the capsular ligament which was computed to freight at the weight of 1000 pounds and from this concluded that luxation would not often happen. I have however seen more luxations of the thigh at the hip than ever I saw fractures of the neck of this bone. I believe about nine luxations and not more than three fractures. it is generally supposed so that the head of the bone passes backwards, lodging in the *dorsum illium* and next to this downwards and forward into the *foramen ovali* and may be reduced immediately. When the luxation is backwards and upwards, the limb is commonly an inch and a half shorter than usual. If a bruise has taken place about the Pelvis it may influence the length of the limb by causing the Pelvis to be drawn to one side. in order to ascertain if the Pelvis be straight place a string or strip from one superior anterior spinous process of the Illium to the other. if it cut the body at right angle the pelvis is straight; then measure from the anterior process to the knee to ascertain the length



# Lexicon of the Os Formosa

The formosa was thought by some to occur in  
 account of the amazing length of the cephalic ligament  
 which was compared to height at the height of 1000  
 pounds and from the conclusion that the cephalic would  
 not often happen. I have however seen more than  
 a ton of the height at the tip than over a ton factor  
 of the neck of the bones. I believe about nine factors  
 and not more than three factors. It is generally accepted  
 to that the head of the bone forms backbone, being  
 in the dorsal column and apt to the dorsum, and  
 forward into the former over, and may be reduced  
 minimally. When the ligament is shortened and after  
 and the kind is commonly an inch and a half, but  
 than usual. If a joint has taken place about the  
 Petri it may influence the length of the kind by con-  
 sidering the Petri to be given to one side, in order to  
 ascertain if the Petri is short, there is a thing or stop  
 from over influence and over influence. From other  
 relation to the other, it is cut the body at right angle  
 the Petri is straight, then measure from the outer  
 side given to the Petri to ascertain the length.



of the limb it is necessary to know if the Femur be straight  
 before we can ascertain the existence of the Luxation. if the  
 Joint, be bruised, the injured limb will be the longest, when  
 the Luxation is upwards and backwards the toes will be tur-  
 =ned inwards and turning them outwards causes great pains.  
 The patient can not move the Limb, thus when all other  
 Symptoms are wanting it is enough to ascertain of a Luxation  
 upwards & backwards. it is by no means difficult in ordinary  
 cases to distinguish between Luxation and fracture of the Head  
 of the thigh bone: of this I Spoke when treating of fractures.  
 When the bone is luxated no crepitus is felt and when the  
 neck of the bone is fractured the foot always turn to the  
 out side and is easily turned inwards. but if it be luxated  
 upwards and backwards the foot cannot be turned outwards  
 at all or without causing great pains. When it luxated  
 downwards and forwards it is lengthened mostly about an  
 inch and the foot is turned outwards and turning it in-  
 =wards causes great pains. The distance between the  
 trochanter major and the superior anterior Spinous pro-  
 cess is greater. When the head of the bone is luxated  
 forwards and upwards on the os pubis it is a little shor-  
 =ter, this is a very rare occurrence only one case of  
 it is mentioned by Desault. in which case the foot  
 turned outward. The Same kind of treatment is



of the kind it is necessary to know of the form of the  
before we can describe the position of the object in the  
down, or point, the point that will be the largest with  
the position is opposite and backward the two will be the  
and inward and turning from outward from great form.  
The position can not move the same position all other  
directions are meeting is enough to overcome a large form  
opposite to each other. It is by no means difficult in many  
cases to distinguish between position and position of the form  
of the object. It is a large when looking at position  
that the form is located in position a fall and with the  
back of the form is located in position a fall and with the  
out side and is easily found inward, but it is difficult  
opposite and backward the form cannot be found outward  
at all or backward inward great form. Which is the  
backward and forward it is difficult to find outward and  
back and that is the most outward and turning it in  
- north corner great form. The distance between the  
position and the form is the distance between the  
on is great. It is the form of the form and position  
position and position on the side of a fall the  
that, it is a large and outward only one side of  
it is a large of position. The form of position is



required nearly in all cases. Now it is, extension and counter extension in a right line as the brim of the Acetabulum is large, an apparatus to dislodge the head of the bone and pull it straight from the body making the extension and counter extension in a right line with the body is required. This is the general principle on which luxations of the thigh are to be treated. The luxation of the head of the thigh bone, it is necessary to use considerable degree of force for its reduction and the best method is compound pulleys where they are to be had; but it can be readily effected by the assistance of men, and one advantage is, they can desert instantly if required. but in obstinate cases where more force is necessary the pulleys are generally used.

## Treatment

is the next in course. when the luxation is upwards and backward the patient is to be laid on his sound side and the thigh bent at the thigh and knee to relax the muscles, a strap for the purpose of making counter extension is to be passed under the perineum between the Scrotum and the injured thigh (having soft substance between it and the perineum)



required nearly in all cases, and it is, of course, not possible  
 to determine in advance, as the degree of the obstruction  
 is large, or a protractor to be used, the form of the tumor  
 and find it difficult from the body making the tumor  
 thin and slender (tumor) in a weight less than the  
 body is required. It is the greatest principle in which  
 location of the light are to be tested. The location  
 of the body of the light here it is necessary to use  
 various degrees of force for its location and the  
 best method is combining both. Where the eye is to be  
 used, but it can be easily effected by the assistance of  
 men, and one advantage is, that the body is not  
 required, but in obtaining the tumor there is  
 necessary the tumor are generally used.

## Treatment

It is the first in course. When the location is up  
 towards the back, the tumor is to be laid on the  
 lower side, and the third part of the light and  
 then to place the tumor, a light for the purpose  
 of making certain position is to be placed under  
 the position between the obstruction and the tumor  
 light (tumor) is to be placed between it and the position.



and fastener to a fixed point. next two strong round  
 towels can make the extension with great force on each  
 side just above the knee are to be secured by a roller  
 to make the extension and when this cannot be fixed  
 above in fat persons it may be put just below the knee but  
 it is best to secure the extending power of the luxated part.

a fully fixed to the towels can make the extensions with great  
 force. during the extension the surgeon must rotate the bone to  
 dislodge its head; if this is found to be insufficient bleed ad  
 Deliquium animi. When the head is luxated into the fora-  
 -men orale or forward on the os pubis, make the usual  
 extension and counter extension in a line with the Limb and  
 the same time make extension and counter extension at right  
 angle with the thigh outward, which is absolutely necessary  
 to effect this the patient lying on his back on a table, pass  
 a strong towel round between the thighs close to the  
 peritoneum; an assistant is then to get on the table and  
 take the towel on his shoulders and pull upwards  
 to make the extension when the knee is placed on  
 the crista of the ilium to make the counter extension  
 meanwhile the surgeon rotate the Limb, if this is  
 found insufficient to draw the head of the bone out  
 of its situation fix a pulley to the towel, and pass



and, having to a great point, kept the things around  
 herself, can make the argument with great force as well  
 with great ease. The things are to be treated by a skill  
 to make the opposition and when the answer is found  
 after a fit person it may be put into the hands of  
 it is not to be done, the extending power of the intellect and  
 a skill, first to the facts can make the opinion with great  
 force, because the opinion, the danger must state the facts  
 in its head, if it is found to be insufficient, that is  
 the opinion given. When the head is troubled into the fact  
 - some one or forward or the or find make the intellect  
 extension and other extension in a line with the mind and  
 the lower line make extension and counter extension of right  
 angles with the high and low, which is absolutely necessary  
 to effect the the pattern lying on the back or a table, you  
 a strong level sound between the things close to the  
 pattern; an extension is then to get on the table and  
 take the level on the level and will approach  
 to make the opinion when the three is placed on  
 the circle of the line to make the counter extension  
 means while the danger states the kind, if this is  
 found insufficient to show the head of the lower and  
 of its extension, fix a point to the level, and you



a strong bandage round the chest and fasten it to a staple, for making the counter extension. This method succeeded last winter, when the head of the bone is on the pubis, the Surgeon should bend the leg at the knee and rotate it by placing one hand on the knee and grasping with the other below it when the extension is making.

Desault thought the capsular ligament prevented reduction but I believe that almost the only cause of ~~restitution~~ resistance in reducing luxations is the contraction of the muscles, for the same orifice in the capsular ligament which suffered the head of the bone to escape out of it would also be large enough for it to return. if the bone is not reduced it will form a new socket for itself. a proof that the head of the femur will form a socket out of the acetabulum is instanced by a girl who fell and hurt her hips very much so that she kept her bed for several weeks when the swelling that had supervened had subsided her thigh was found to be luxated. sometimes after she began to go about again, she fell it hurt the other hip. when she got over this fall, she found that her legs were contrary to what they had been nearly of a length, and after she had acquired more strength in her hips every day, she was shortly after taken sick and died.



strong bands around the chest and fasten it to  
a staple, for anchoring the counter system. The  
labeled and riveted, when the top of the door is on the  
inside, the hinges should be placed at the three  
and fasten it by placing one band on the three and  
grasping with the other below it when the system  
is making. Should through the system the  
presented reduction but I believe that should the  
only cause of ~~the~~ ~~the~~ in reducing the  
in the contraction of the bands for the same reason  
in the capitol system which is the best of the  
door to open out of it would also be large enough for  
it to return. If the door is not returned it will form  
a new lock for itself. A good plan the best of the  
frames will form a lock out of the mechanism is not  
caused by a bolt which has two lips very much  
so that the bolt has two for several inches when the  
striking then has depressed has reduced the lips and  
forced to be locked. Sometimes after the door is open  
about again the fall is that the other lips. When the  
get over this fall of the frame then the lips will  
continue to show they have been made of a single one  
after the has acquired was brought in the lips over  
day, the was shortly after taken with one side.



the hips were dissected and found both luxated, over  
 acetabulum were formed on both sides, which no doubt  
 would have done very well had the lived. I shall  
 next speak of ~~the~~ the thigh bone luxated directly back  
 ward and lodged just behind the acetabulum. a case of  
 this kind came under the care of Drs Phyrick & Wiffa  
 at the Pennsylvania Hospital in the winter of '1811. which after  
 several attempts to reduce it by extension and counter exten-  
 =sion which was made with ~~great~~ force to no effect was  
 reduced in the following manner. by laying the patient  
 on his back Dr Phyrick brought the thigh up to a  
 little more than a right angle with the body, then placing  
 the palm of one hand upon the trochanter major, with  
 which he pushed the bone towards the acetabulum,  
 when at the same time he made a forcible adduction  
 of the bone with the other by which means he succeeded  
 in the reduction.







# Luxation of the Knee Joints

These occur but very rarely. I have never saw but two cases. and in both the tibia was received on the external condyle. this is readily reduced but not easy keep in this place when done. the leg is much distorted Desaults long splint answers very well for keeping the bone in its right place. after they are reduced the patient should keep his limb in a state of perfect quiescence for 8 or 10 weeks until the ruptured ligaments are perfectly healed. the patient must be kept in bed. I saw a luxation of the ankle. though they rarely occur in a lady with high heel shoes on was coming down stairs and stepped too far so that the heel of her shoe only rested on the step the weight of her body bending the heel back pressed the tibia forward of the astragalus on the instep in consequence of which the toes were kept extended the malleolus was likewise broken, I was not called till swelling had subsided, I was then able to ascertain the nature of the injury it was reduced by an assistant holding down the tibia when I caught hold of the heel and toes and pushed the foot forward. a splint was



# Fixation of the knee joints

There occurs in very early life, I have never seen but I have  
 seen, and in some cases the knee was secured on the external  
 condyles. This is usually secured but not very deep in the  
 place. In some cases the leg is much dilated. I would  
 keep off the knee very well for keeping the knee in  
 the right place. After they are secured the patient  
 should keep his limb in a state of perfect quiescence for  
 8 or 10 weeks until the softness of the ligaments are perfectly  
 healed. The patient must be kept in bed. I saw a  
 suggestion of the knee though they rarely occur in a  
 lady with high heel shoes or not wearing shoes then  
 and deeper too far to show the heel of the shoe  
 only visible on the step. The weight of the body down  
 gives the heel back pressed the knee forward of  
 the orthopedic or the interspace in consequence of which  
 which the knee keeps extended the malformation was  
 likewise broken. I was not called till swelling had  
 subsided. I was then able to ascertain the nature  
 of the injury. It was reduced by an animal holding  
 down the knee where I caught both of the heel  
 and foot and pushed the foot forward. I think the



applied for the fractured malleolas. by these means I.  
Succeed in a cure.

## Sprains

For the treatment of these I refer you to Boyer  
The Joint should be immersed in cold water for sometimes  
or water poured over it. after which cloth wet with  
vinegar should be applied and continued for some times  
and some days and keep at perfect rest the whole time.  
for if the patient walks he is sure to bring on inflam-  
=motion, which upon resting will subside and return  
again upon motion if used too soon and if the patient  
continue to use it, suppuration and hectic fever may be  
the consequence. This in a case of a lady actually occurred  
carries on the end of the bones take place and amputa-  
tion is necessary for the recovery of the Patient.



Applied for the fractured scapula by the means of  
Success in a cure

## Sprains

For the treatment of this or sprain to the  
the joint should be immersed in cold water for 24 hours  
or water poured over it after which cloth wet with  
vinegar should be applied and continued for some time  
and some ointment and keep at rest for the whole time  
For the sprain of the wrist or hand to draw out the  
water which is now coming with the blood and return  
again upon water if want to draw out of the joint  
continue to wash, apply water and rest for some days  
the recovery. This is a case of a lady actually sprained  
corner of the arm of the bones into place and  
Now is necessary for the recovery of the joint.



# Injuries of the Head

Injuries may be divided into external as they affect the scalp and teguments and internal when they affect the brain and its membranes. They are of several kinds

- 1<sup>o</sup> Contusions
- 2 Punctures
- 3 Inflammations of the brain and its membranes
- 4 Concussions

I shall begin with the Scalp. The injuries of the scalp are several and first

## Contusion

When contusion of the scalp occurs in which there is a rupture of the vessels they pour out their fluids causing a tumour and swelling which has a pappy feel around the tumour. There are hard edges which impart to the finger a sensation of broken bone, often misleading the inexperienced who are not aware of it. and induce them to make incisions through the scalp when to their surprise they find the bone sound and thus produce a suppuration, and perhaps exfoliation of the bone.



# Injuries of the Head

I injuries may be divided into external & internal  
 effect the scalp and fontanelle and internal effect the  
 effect the brain and its membranes they are of three  
 kinds

- |   |   |
|---|---|
| 1 | Contusion                               |
| 2 | Laceration                              |
| 3 | Fracture of the skull and its membranes |
| 4 | Exposure                                |
- I shall begin with the scalp the region of the  
 scalp are divided into four

## Contusion

When contusion of the scalp occurs in which there is  
 a rupture of the cranium they form a bump causing a  
 tumour and swelling the skin a bloody spot around the  
 tumour there are hair edges which upon to the finger  
 a sensation of broken bone, often indicating the way  
 - pressure is not done at it and is seen there to  
 make incisions through the scalp when to the scalp  
 they find the bone broken and then make a flap  
 - and perhaps operation of the bone



## Treatment

The best is the application of vinegar in compresses to the injured parts. in a few days the extravasated blood will be absorbed.

The Scalp is sometimes lacerated and torn, loose from the bone for some extent and under such circumstances it has been advised to cut off the loose portion but this should never be done, the parts should be well cleaned from dirt &c and the flap placed in its natural situation and kept so by adhesive plaster or stitches. it has been objected to this that abscesses <sup>will</sup> form underneath the loose part and have to be removed at last. if abscess do form they must be opened as in another part and it is better to run the risk of a few abscesses, than to produce so great disfigurement and perhaps cause an exfoliation of the bone

## Puncture

in Punctured wound of the Scalp the patient is often affected with great pain, especially if the aponeurosis be wounded. if the inflammation extend to the pericranium it becomes necessary to dilate the wound, the patient becomes feverish. I have



# Treatment

The best of the opposite of nature in comparison  
to the highest part is a few days the of nature asked 1800  
will be answered.

The best of the opposite of nature in comparison  
to the highest part is a few days the of nature asked 1800  
will be answered.

# Structure

The best of the opposite of nature in comparison  
to the highest part is a few days the of nature asked 1800  
will be answered.



known it occurs in every kind of wounds except incised wounds. it has been supposed that it occasioned inflammation of the brain and therefore trepanning has been advised. but I believe it does not occur when the injury is on the side. for it is hardly probable that two sides of a cavity will become so violently inflamed at the same time. for instance in violent inflammation of the villous coat of the stomach the peritoneal coat is hardly inflamed. and vice versa. in peritoneal inflammation the internal parts are seldom affected & besides these affections there is another effect of injuries to the scalp. which is severe fixed pain in the part stricken. it takes place from the time of the accident. I have seen contusion of the scalp which occasion a great pain in the part and continue for a long time. the first case that I ever saw was a lady who had received an injury on the scalp on the parietal bone from a falling of a cask which gave her great pain. the inflammation subsided in a few days but the pain continued. they had used evacuates without any benefit. upon first examining the case I thought the bone was fractured, but upon further examination it was found to be only bruised. I proposed an incision which was made through the scalp, the pain immediately ceased and never after returned. another instance was a young man who received an injury on the scalp upon the parietal bone on one side, and at the same time received



It has been observed that it is not uncommon for the  
and therefore the position has been revised. But I believe that  
occurs when the system is out of order. For it is hardly possible  
two sides of a coin will become so widely separated as the  
some times. For instance in violent inflammation of the  
out of the stomach the position of the stomach is  
and vice versa. In peritoneal inflammation the stomach  
are before affected. It is not difficult to see that the  
of injury to the body. This is done from the fact  
thicker. It takes place from the time of the first  
less continuation of the body which occurs a great  
the first and continues for a long time. The first  
I can tell was a lady who had received an injury on the  
the stomach from a fall of a cake which was  
great pain. The inflammation subsided in a few days but  
the pain continued. They had used various medicines and  
benefit. When first examining the case I thought it  
was not peritoneal but upon further examination it was  
found to be only gastric. I performed an empyemum  
the result. Through the help of the pain immediately  
and never after returned. Another instance was a young  
man who received an injury on the side upon the  
- the bones on one side and at the same time received



47

a blow on the other, great pain followed it which still increased and by the second day the pain was become so great, that his friends had to hold his head to prevent the ordinary sound of the house made by walking across the floor exciting convulsions. evacuating remedies were used but without effect. an incision was made through the scalp in the contused wound by which he was much relieved but the pain returned in half an hour on the other side. the cruce on the other side was laid open in the same way and the pain cured and never returned again. Some cases of this kind have resisted every treatment and subsided only by retiring in the country and remaining there for some time.

## Inflammation of the brain & its Membranes

When injuries of the head occasion compression of the brain, coma, sickness of the stomach involuntary discharges of the urine, and feces are the symptoms which mostly take place. The causes which produce these effects are of two kinds.

- 1 Irritations of the Brain & skull
- 2 the principal effusion of blood or other fluids collected inside of the cranium between the membranes of the skull, or in the substance of the brain itself, or



is low on the other, great pain followed it, which till in evening  
 and by the second day the pain was become so great that  
 the patient was obliged to lie in bed to prevent the ordinary  
 of the lower limbs of walking a cane the floor appearing  
 motion. no cutting remedies were used but internal  
 means were used. Through the night in the constant  
 by which he was much relieved but the pain returned in  
 half an hour and the other side the pain on the opposite  
 was laid upon in the lower leg and the pain continued  
 some returned again soon after of the kind has been  
 a few every morning and decided only by sitting in  
 the country and remaining there for some time

## Inflammation of the Brain & its Membranes

The inflammation of the brain is a common complaint at  
 the time when the system of the stomach is engaged in  
 the digestion of the food and from the absorption of the  
 matter of the food. The same which produces that of  
 the rest of the body.

1. Inflammation of the Brain.  
 2. The principal source of blood or other fluids  
 collected in the brain is the common source of the  
 of the blood, as in the substance of the brain itself, or



in the ventricles and this may happen without a fracture of the Cranium or with it. Fractures of the Cranium occur sometimes without these symptoms even when the bone is indented. An instance of this was in a fractured forehead so that the little finger might lie in the indentation and yet no symptoms of the injury of the brain existed, but in all the cases of this kind that I have seen the injury was received just above the frontal sinuses - when no symptoms of compression occur the scalp should now be divided. but when symptoms of compression do occur make an incision through the scalp so that you can examine the bone. if the incision be not sufficient for the purpose release the compression with the trephine. it has been customary to separate a portion of the scalp. I myself cut off about one fourth of it, but this is always cruel. since it is no use. a simple incision or a cervical one is sufficient to examine the state of the bone. if a fracture is found to exist it is necessary to make a perforation through the bone to relieve the pressure in compression of the brain arising from effusion from the vessels, the symptoms of compression do not always occur immediately, because the effusion does not always occur immediately. I was once called to visit a boy who has received a blow on the forehead by a stone thrown across the street, the bone







was fractured and a little depressed the pain was not so great at first but then he went home & gave a history of the accident, but before I arrived he was attacked and fell from his chair supposed to be dead. his pulse fell and his extremities were cold, the operation of trepanning was performed and blood flowed from beneath the skull which had occasioned the oppression and he was immediately relieved. The

The next injury I shall mention are such as produce inflammation of the brain and its membranes, the inflammation does not come on for some time after the accident.

The Patient cannot sleep has constant headache pulse hard and tense, the face becomes turgid and flushed and sense of lightness as if a chord was tied round the Brain a suffusion of the Eyes, Delirium nausea vomiting &c if these symptoms continue for some days without any abatement or rather increase instead of diminishing and they are occasioned by contusions of the scalp a free incision should be made down to the bone to examine the state of the parts. If the inflammation within the skull has proceeded on to the suppuration of the pericranium will be found separated spontaneously from the skull and discharge commonly a thin ichorous matter, the bone will have an unhealthy appearance generally of a whitish milky colour but sometimes a purple tinge under such circumstances







The Trephine should be immediately applied. Inflammation  
 of the Brain may occur from simple contusion of the scalp or  
 from compression of the brain from contusion of the skull apply  
 bread & milk poultice and if any abscess form underneath treat  
 it as any other place in all cases, hot diet should be strictly  
 adhered to, to prevent inflammation of the Brain or of any  
 of its membranes, Purging should be urged and copious V.S.  
 Blister should be applied all over the head and keep  
 running. in inflammation of the Dura mater where we  
 have reason to believe there is a formation of matter on  
 its surface, between it and the skull an opening should be  
 made through the bone for its discharge. Sometimes both  
 the dura and pia mater are injured when it is the last  
 perforation is of no use as the matter collected below the  
 Dura mater cannot be evacuated, when there is reason to  
 suppose that inflammation of the dura & Pia mater has taken  
 place from contused wounds the Patient should be tre-  
 -paned at the place of injury which by removing the tension  
 of the inflamed membrane, may prevent suppuration  
 and a train of disagreeable symptoms. when the degree  
 of violence has been sufficient to fracture the skull, we  
 sometimes find the edges of the fracture are close, a ques-  
 -tion has since arisen whether the Patient should be  
 immediately trepanned or not. Mr. Foss who took



At length, should be immediately applied to the  
of the brain may occur from simple contusion of the scalp or  
from compression of the brain from contusion of the skull or  
from its will fracture and if any other from internal  
it is only other places in all cases for the skull is usually  
exposed to, to prevent inflammation of the brain, or of any  
of its membranes. Surgery should be early and often & a  
Patient should be kept all over the head and neck  
warm. In inflammation of the brain matter (as in  
some cases) to relieve there is a formation of matter on  
the surface, between it and the skull an opening should be  
made through the bone for the discharge. Sometimes both  
the bone and the matter are required when the latter  
perforation is of use as the matter collected below the  
bone cannot be evacuated when the bone is sound.  
Suppose that inflammation of the brain & its matter has taken  
place from contusion through the skull which is the  
cause of the flow of rising which by raising the tumor  
of the inflamed membrane, may prevent suppuration  
and a train of disorganizing symptoms. When the  
of violence has been sufficient to fracture the skull, the  
operation for the relief of the fracture is done, as you  
then has been given while the Patient should be  
immediately exposed or not. &c. &c. But the latter



great pains to inform himself of the nature of injuries of the head is of opinion that it had better to be done immediately, and it is certainly safer because there is a great risk of inflammation and suppuration taking place. He has altered his opinion as he now said that it is not best to apply the trephine until symptoms of compression has actually taken place. The reason why it should be done is that the fracture is compound, or else it would not be ascertained that the edges of the fracture are in contact, this make it necessary, but I have seen when the inflammation was not great suppuration of the Dura mater was avoided by the antiphlogistic regimen. in simple fractures of the cranium when the brain is not compressed the trephine should not be used immediately.

## Concussions

These sometimes produce symptoms of compression and sometimes not, it may occur from jumping from a height on a hard floor, from falls or violence done to the head in wounds of the scalp when the patient becomes immediately senseless or delirious beginning a sentence or breaking it off in the middle suddenly; it is supposed that the brain has been shaken. I doubt I however whether some of the vessels in the inside of the cranium are not ruptured upon some occasions I have on examination when the brain



great pains to inform himself of the nature of opinion of the  
man of opinion that it has better to be in a moderate  
it is certainly safer because there is a great risk of a  
and a great deal of trouble. He has often in his own  
now said that it is not best to apply the medicine until  
a physician of confidence has actually taken from the man  
why it should be done is that the patient is in a  
it would not be a mistake that the copy of the paper on  
which it is made is in a way, but it has been the  
nature of the great importance of the case would not  
it is the only thing in the world in which the  
should not be used immediately.

# CONCLUSIONS

The conclusion is that the patient is in a  
and the patient is in a way from the  
light as a rule, but the patient is in a  
in the case of the patient the patient is in a  
the patient is in a way from the  
off in the world. The patient is in a  
has been the only thing in the world  
which in the case of the patient is in a  
there is a great deal of trouble.



has supposed to have been concussed found the vessels ruptured and in another not so in these cases no benefit is derived from repeating general remedies should be used, the antiphlogistic plan; Stimulating remedies should be avoided & a low diet Blisters - and if they fail mercury sufficient to excite Salivation as a general remedy. I believe it would be right in contusions of the head in every instance to pour cold water over the head for sometimes by which means the effusion from the vessels of the head will in a general measure be prevented. I would recommend for your perusal Pott on the injuries of the head

I have now to show you the method of operation with the trephine, in the first place remove the hair by which we will be able to examine the injury of the scalp, next make an incision through the scalp for which purpose a scalpel the hand capped with Iron in order to clear the bone will be found fitted.

in laying bare the skull take notice whether it be fractured or whether a groove made by some of the vessels do not appear; if it be the latter the edges will be smooth if the will be sharp the bone be depressed it must be elevated - to do this it is necessary to remove a portion of the sound part too, the center part of the trephine should be placed in a sound part, or else it will tend



For suppose to have been convinced from the Lord's testimony  
and in another not so in this (and the Lord's testimony)  
in saying general things, that it be not, the Lord's testimony  
that, thinking that was in doubt, be avoided. It is not that  
I do not and it is not necessary sufficient to speak of this  
as a general answer. It seems to me to be right  
in connection of the Lord in every instance to form the rules  
over the head for sometimes by which means the opinion  
from the words of the Lord, but in a general manner to  
presented. I would recommend for your private notice  
the opinion of the Lord.

I have not to show you the nature of a person  
with the feeling, in the first place, since the Lord's testimony  
it will be able to examine the opinion of the Lord, and  
make an inquiry among the people for which purpose  
it is the Lord's word, with those in order to clear the  
doubt will be found right.  
on saying that the Lord's testimony is  
particular or rather a general rule of some of the words to  
not appear, if it be the latter the case will be similar  
if it will be that the Lord's testimony should be  
elucidated. It is necessary to remove a portion  
of the Lord's word to the center part of the testimony  
should be placed in a second part, or else it will be



to deepen it more. While the preparation is making great care should be taken to move the center pin till as you perforate deeper, so that it does not perforate the dura matter. It is likewise to be observed while operating over the lateral Sinuses. When you suppose you are nearly through the bone the hole should be well cleaned out to examine if in any place it is nearly through: for this purpose a common tooth pick answer very well; you may likewise have recourse to your Elevator, (this should be often towards the last) and try if you can raise the inclosed piece. if you find it nearly through on one side bend your instrument on the other. it is advisable to force the piece out with the Elevator before it is quite cut through as there will then be less danger of injuring the Dura matter; and any Specula of remaining Bones may be broken off with the Elevator. A Saw of a Shape appropriated for that purpose may be used after the Trephine where long depression of bone require it because to use the Trephine adjoining would remove too much of the sound part of the bone. When symptoms of effusion within the Cranium occur from external injuries to the head, a perforation should be made to let out the effusion through the Skull. When blood is collected between the Dura mater and the Skull a hole may be made in this manner to let it



to begin it over. While the proposition is making great  
should be taken to make the center pin till as good as perfect  
before, so that it does not separate the two shells as it is  
-will be be secured while operating over the lateral line.  
When you suppose you are nearly through the bone the hole  
should be well cleaned out to remove all the pieces  
it is nearly through: for the purpose a common shell pick  
answer very well; you may likewise have recourse to your  
Extractor this should be often turned the left and right  
can come the instant force if you find it does not  
or one with some instrument or the other. It is easier  
-let the force the force will with the Extractor be  
quite cut through as there will then be no danger of inju-  
ring the bone matter and any species of remaining  
force may be broken off with the Extractor a few  
of a sharp oblique point for that purpose may be used  
after the operation is over and beginning of the operation  
it seems to me the operation is joining with some  
the much of the sound part of the bone. When a specimen  
of operation within the cavity occur from some  
and arising to the head a perforation should be  
made to be in the opening through the shell  
When blood is collected between the two valves and  
the shell a hole may be made in the manner to be



it out. Sometimes this effusion is but small at other times it is of great extent. so that the dura matter lying close to the perforation prevents its escape, a spatula introduced between the dura matter and skull will suffer the blood to flow out. Sometimes an effusion is collected between the dura matter and the Brain; and instead of a flat surface a convex one is presented. Sometimes rising up so as to fill the opening of the bone, but no motion of the brain will be perceived. There are not symptoms of compression between the lobes of the Brain for it thus was the case if effusion has taken place between the lobes of the Brain, the motion of the brain could be perceived. I have never seen the dura matter punctured in any case in which the patient got well, therefore when it can be avoided, it should not be done. I have cured an effusion in the brain by prescribing the antiphlogistic regimen and bleeding as often four or five times in the day for four or five days. which I believe would not have happened had the Dura matter been punctured. There arise a fungous portion from the wound and suppuration takes place at its root and the Patient dies.

After the operation of trepanning has gone through bring the edges of the Scalp in contact and then apply a



it out. Sometimes the effusion is but small at first time.  
It is of great extent in that the brain matter  
to the proportion present to cause a sufficient extent  
and between the bone matter and will still suffer the  
blood to flow out. Sometimes an effusion is called, when  
and the bone matter and the brain, and instead of a few  
drops a corner one is presented. Sometimes rising up as  
to fill the opening of the bone, but no matter of the brain  
will be perceived. There are not symptoms of apoplexy  
operation between the side of the brain for it is the  
the case of effusion has taken place between the lobes  
of the brain, the matter of the brain could be forced  
out. I have never seen the bone matter fractured  
in any case in which the patient got well. Therefore  
when it can be avoided it should not be done. I have  
cured an effusion in the brain by providing that  
cutting the effusion and bleeding an effusion for  
five times in the day for four or five days. Which  
of course would not have happened had the brain  
matter been fractured. There was a fracture between  
from the front and the posterior table of the  
at the base and the table was  
After the operation of trepanning has given through  
having the edge of the scalp in contact and then apply a



Simple poultice of bread and milk which is the most easy application. But it is not a good dressing nor should any greasy dressing be applied as the would prevent the discharge from flowing out. The Poultice should be continued until the granulations appear and then dress with simple Cerate.

The Operation of The Trephine in this case only relieves the compression of the Brain. This done we must guard again inflammation by bleeding, cathartics and low diet & the antiphlogistic plan should be persevered in when any symptoms of coma continue and in compression of the bone the edges of the divided Scalp (where the brain is completely relieved by elevation) may be drawn together to unite by the first intention as it would take as much longer time to heal if it be poulticed and suffered to suppurate & granulate.

In general if there be much inflammation I should be used which with the addition of a Mercuro-polymer and a low diet will mostly answer the purpose if that is not sufficient the application of Cantharides dressing may be tried. The best way of applying this medicine is to dip rags into them taking them out and applying them over the Eye. The dressing of this is not cases of inflammation of the Eye but to be







# Disease of the Eye

first of their inflammation. This may take place in the Eye lids either in the whole or in a part in the tunica conjunctiva or in the globe of the Eye either in the anterior or posterior chambers. Inflammation of the Eye lids sometimes cause an exsuvation of Serum into the cellular texture, swelling that part very much so that the patient cannot open his Eyes. the Skin become of a scarlet colour this frequently come on in the night, the Patient supposing it arise from the bite of an insect. it is however not easy to ascertain what is the cause, unless when it arises from mechanical violence.

## Treatment

In general if there be much inflammation V.S should be used which with the exhibition of a Mercurial purge and a low diet will mostly answer the purpose if this is not sufficient the application of Camphor or Brandy may be tried. the best way of applying these remedies is to dip rags into them, taking them out and applying them over the Eyes. the Discharge of fluids in most cases of inflammation of the Eye lids is but.



# Disease of the Eye

Part of the inflammation. The way to the eye  
in the eye is either in the blood or in a part in the  
tissues or in the part of the eye either in  
the anterior or posterior chamber. Inflammation of the  
eye is sometimes caused by an extension of disease into  
the cellular texture, including the part very much so that  
the patient cannot open the eye. The other cause of a  
disorder of the eye frequently arises in the night, but  
patients supposing it arises from the disease of the eye  
it is however not easy to determine what is the cause  
when it arises from mechanical violence.

## Treatment

It is general if there is much inflammation & it  
should be used which with the exhibition of the internal  
remedy and a low diet will usually answer the purpose  
if the inflammation is not sufficient the application of leeches or  
bleeding may be used. The best way of applying leeches  
is to dip sops into them, taking them out and  
applying them over the eye. The sucking of fluids  
in most cases of inflammation of the eye is but



Small. Sometimes the edges of the Eye lids become excoriated and discharge a viscid purulent matter agglutinating the Eyelids so that the patient has to wash them in the morning before he can get them open. The general opinion is that it is owing to an ulceration of the mouth of the duct of the Glandula Meibomii. I however believe it owing to ulceration seated at the root of the hair resembling in this respect *Tinea Capitis* a proof of the correctness of this opinion is that the hairs have been drawn out and the patient got well.

## Treatment

, a solution of *Sapin infernalis* has been advised taking care to wash it off afterward so that none of it may get into the Eye. *Spermaceti* has been used with advantage. The most general remedy is *Sacch. Sahan.* or ungt *Cetrin*. I have however found that the Dragt. a piece applied between the edges of the Eyelids is the best remedy, when this fails Drawing out the hair has been effectual. a Girl about ten years old was cured by this ointment in about two weeks, she has been affected with inflammation and ulceration of the Eye lids for nine years.

2 acid substance applied to the Eye then often



Thereto



# Disease of the Tunica conjunctiva

When this is inflamed it becomes red, owing to the increased action of the vessels which were before pellucid but now admit red blood. The Patient cannot bear the action of the light, the pain is of a burning kind: causing a sensation of extraneous matter. In some instances the pain is not confined to the Eye but affects the forehead. Some times the inflammation is in a purple or Speck this may be situated in the tunica adnata or cornea the only difference in their effect is that the latter obstructs vision. Inflammation of the conjunctiva spread over the whole Cornea, throwing out coagulating Lymph and if not soon cured leaves a film behind it obstructing the sight of the Patient, and the pimple just now mentioned if not cured leaves an opaque Spot behind it. The inflammation of the cornea of the Eye cause an exhalation of coagulating Lymph, which occasion the disease called unguis. The injury done to the Eye which occasion inflammation are

- 1 Mechanical as Sand getting into the Eye or wounds. &c
- 2 acid Substances applied to the Eyes these often



Disease of the Trunka conjunctiva



occasion blindness, as Smoke, Smoke aced. &

3. too strong light.

4. too much exercise of the Eye in viewing small  
objects

5 Cold

6 Intoxication

7 Small pox, venereal diseases, &c.

Inflammation often occurs without our being able to assign any cause for it. Inflammation of the Eye is sometimes produced by the matter of gonorrhea being applied to them. This is a rare occurrence. but when it proceeds from that cause it is mostly pretty bad.

## Inflammation of the Globe of the Eye.

This may occur either before the crystalline lens or in the posterior chamber behind the lens, it is attended with great sensibility, pain and fever. when it affects the anterior chamber there is not so much pain as when it occurs in the posterior chamber. the pain is occasion there is very great, the fever runs very high and generally if it be not removed the sight is lost. The first case I ever saw of this kind the Patient died.



occasional  
 1. too strong light.  
 2. too much exposure of the eye or increasing small  
 object  
 3. cold  
 4. irritation  
 5. small foreign bodies, &c.  
 Irritation often occurs without any being able to  
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 patient dies.



## Treatment

First remove all mechanical violence, and avoid the remote cause. if it be produced by some extraneous matter getting into the Eye as a speck of sand lodged between the lid and globe of the Eye it must be tripped off. a probe with a soft piece of rag, wrapped round it and passed between the Eye lid, will mostly discharge it. Should this not be successfull water should be injected into the Eye, if it still remains by inverting the lid, we are enabled to examine it and move away the sand. if the sand sticks in the cornea it will not be easy to see it, as the Eye will roll about incessantly and cannot be held still by the patient a Speculum or a handle of a pair of Scissors will enable us to hold the Eye still, so that we can examine it and move away the offending object with the point of a lancet. in Trichiasis inflammation of the Eye occur, from the hairs of the lid growing inward, when this is the case pulling the hair out will produce a cure, but there is another affection of the Eye lid, the tarsus itself is sometimes excoriated. it may be turned out and divided or a piece of the skin may be taken out taking care not to divide the conjunctiva and the divided edges brought into contact and kept so by an interrupted







Patient we can generally cure inflammation which should be regulated by the violence of the fever the Degree of inflammation when the Patient has lost a quantity considerable of blood from the arms he can bear cupping and leaching, if the inflammation still continue, there is another mode which is very beneficial (viz) the scarification of the acromion, the next remedy is purging. And antimonials are found very useful. Lastly applications to the Eye. The mildest remedies should be tried first, of which perhaps is the pitch of Las-sapras is the best. Sometimes a bread and milk poultice answers very well but it is frequently found too heavy. Crumbs of bread put in a gaze bag and boiled and dipped in rose water, applied to the Eye is found to be a very pleasant application. If this does not answer Lac-danum, or sacch. Soluen., Tritum alb. combined in their usual proportions. but arkingent should not be applied too soon. they do damage if used before the proper Evacuations has been premised. in such cases I think two drachms of vinegar greatly improves the remedies, when the inflammation has gone on to suppuration and matter is collected under the cornea it should be immediately discharged by an incision made in the same manner as for the Cataract instead of allowing it to open by the natural process of ulceration which would render the







the cornea opaque. When these remedies fail mercury used so as to produce ptyalism with vegetable diet always prove serviceable. Two other circumstances are of the highest importance, 1<sup>st</sup> to confine the patient to a dark room, 2<sup>d</sup> a diet perfectly vegetable a Section in the neck way of Service to the inflammation.

## Vinduis

These sometimes grow over the cornea so as to prevent the sight entirely. The only remedy is to dissect off the membrane which is easily done with Scissors except that part which adheres to the cornea. which should be carefully dissected off with a Scapel. I have always mentioned that inflammation sometimes occasion opacity of the cornea which almost always remains, but which sometimes goes off voluntarily if left to itself mistaken notions have led the Physicians into a very erroneous practice. Moleenes has been dropped into the Eye and finally powdered glass has been used with view to treat it off. but they always make it worse. if any part of the cornea remains transparent an operation may possibly restore vision again by making an artificial pupil.

I once saw a case where the patient had washed his Eye with wine when labouring under a gonorrhoea; inflammation superseded and all the cornea



The corner of paper is not the same as the corner of wood  
to produce a paper with irregularities in its texture  
two other documents are of the highest importance to the  
writing the patient to a doctor's room. It is a very useful  
a doctor in the way of advice to the patient.

Letters

The letter is a very important part of the business of a  
doctor. It is a way of communicating with the patient  
which is not only a way of giving advice but also a way  
of getting the patient's opinion. It is a way of getting the  
patient's opinion on the treatment which he is receiving  
and on the progress of his disease. It is a way of getting  
the patient's opinion on the state of his mind and on his  
general health. It is a way of getting the patient's  
opinion on the state of his family and on his social  
life. It is a way of getting the patient's opinion on the  
state of his country and on the state of the world.  
It is a way of getting the patient's opinion on the state  
of his religion and on the state of his soul. It is a way  
of getting the patient's opinion on the state of his  
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the world. It is a way of getting the patient's opinion  
on the state of his religion and on the state of his soul.



became opaque. The patient applied to me for relief and by his anxious request I consented to operate on his Eye. Although with little hopes I pushed the Knife through the Cornea and cut of a piece of the Iris, the Eye was then closed and the Patient put to bed, he can now see to read if the print be large.

I never saw such an operation before, when the Eyes are evidently inflamed it is difficult to remove the inflammation.

I once had a case of violent inflammation of the Eyes the patient laboured under great pain in which V. S. low diet purging Salivation &c had been used without success. Lapping and Scarifications were likewise useless. It was cured by tar water alone wetting rags and laying over them.



*[The text on this page is extremely faint and largely illegible. It appears to be a handwritten letter or document, possibly containing a list or a series of paragraphs. Some words are difficult to discern, but may include:]*

*[Faint, illegible text lines]*



# Fistula Lachrymalis

It is impossible to cure this without a knowledge of the anatomy. The tears secreted by the Lachrymal glands which are not used to lubricate the Eyes are taken up by the puncta Lachrymalis and carried to the lachrymal sac from whence the tears are conveyed into the nose at the lower part just at the lower turbinate bone by means of the duct ad narium. These two Ducts which lead to the nose in common with other Ducts are liable to Strictures. When they are stopped by any means they become swelled below the obstructions and the Eye tears in the Eyes & the Sack is protuded. if you press on the swelling the Tears will regurgitate and if the pressure be increased the tears will be followed by a viscid matter resembling mucus which is probably secreted by the upper Surface of the Sac. if the Eye lids stick together they must be washed and a piece of dressing placed between them

not infrequently inflammation takes place in the lachrymal Sac, occasioned by the obstruction of tears or from the patient taking cold. The inflammation is generally attended with fever, P. S. and low diet are necessary for the cure, When the Sac is distended so as to burst in the Eye or open by ulceration it is



# Fistula Lachrymalis

It is impossible to cure the fistula lachrymalis  
the anatomy. The tear is secreted by the lacrimal gland  
which are not mix to lubricate the eye are taken up by  
the puncta, a chimney and carried to the lacrima  
from whence the tears are conveyed into the nose by the  
lower part of the lower lacrimal bone by means  
of the duct ad medium. The lacrima which has been  
now in common with other ducts are liable to a variety of  
they are stopped by any means the tears become  
the obstruction and the eye is in the eye  
dark is produced. If any part of the wall of the  
well appropriate and if the pressure be increased the tears  
will be forced. A small matter resembling a  
which is properly situated in the upper part of the  
duct of the eye. The eye is together with the  
and a mass of burning fluid between them  
of the eye. It is necessary to examine the  
the lacrimal. It is necessary to examine the  
tear and from the lacrimal duct. The  
a matter is generally attended with pain. It is  
for but are necessary for the eye. When the eye is  
-and is on the part in the eye or upon the



then called fistula lacrymalis. in fistula Lacrymalis occurring from stricture of the Lacrimal Duct, no inconvenience is experienced by the patient only that arising from the tumour which may easily be removed by placing the finger on the internal Canthus of the Eye and pressing the sac, the tears will flow out down the cheek, an accumulation of tears in the Lacrimal Sack occasion the inflammation to terminate in suppuration.

# T

if the duct can be opened by a probe passed from the sack below the stricture so as to let tears flow into the nose it should be done. after the probe is withdrawn a piece of bougie long enough to reach from the outside of the Eye into the nose should be introduced and kept in to prevent the stricture from stopping the passage again. A

The bougie should be long enough to project out about half an inch which should be bent down over the cheek, When the duct cannot be opened we must make an opening through the os unguis into the nose for the discharge of the tears. it sometimes happens that the fractured edges of the bones which is made by puncturing the os unguis throw out a bony matter and stop up the opening again. The swelling of the Sack shew us where







to make the opening.

When we make an incision into the integuments to introduce the punch and the back of the knife should be upper most to prevent cutting the tendon orbicularis palpebrum, the incision being made a piece of horn is to be pared up to the nose to make the necessary resistance against the puncturing instrument which is a hollow punch invented by Mr Hunter. it is to be introduced into the sack until it comes in contact with the os Unguis. Through which the opening is to be made when the opening is made in this manner the use of a bougie is necessary. it is sometimes attended with fungous and caries of the bone. the various portions of the bone should be extracted and the fungus treated as in any other part. bring the edges of the wound together and secure them by adhesive plaster. and the tears will flow. Through their new made channel without difficulty.



X has been assisted by V. S, cupping purging Blisters leeches Electricity  
Vc but found to be of no use. if it arises from mechanical vis-  
=lence it may be dispersed. indeed nature unaided by art  
posses the power of removing the opacity; of this I have known  
several instances. I think it takes place oftener when the capsule  
of the lens is opaque and oftener in women than in men.

I have seen the case of two young women in whom the absorp-  
=tion occurred. They could see by the aid of the convex lens, which  
make me believe the lens was removed. I have seen another case  
brought on by an unsuccessfull attempt to touch. &

as medicines are unsuccessfull in the cure of this disease  
it is an happy circumstance that it may be relieved by  
Surgery.

Two operations has been proposed viz 1<sup>st</sup> couching, 2 Extracting  
couching is performed with a needle, this is passed through the  
Sclerotica coat about one tenth of an inch from its Junction  
with the cornea and passed in till it gets to the centre  
of the lens. it is then turned with its flat part against the lens  
which is depressed below the vitreous humor; if it should rise the  
operation should be repeated.

Extraction consist of making a semi section of the  
cornea, through which the lens is removed from the eye  
both operations have been performed; that of Couching is  
the most ancient way of Extracting the lens. it



# On Catharact

By this it means an opacity of the crystalline lens on its capsule which prevents a transmission of light to the retina. it shews itself by the speck behind the pupil which is most commonly grey. it commences with dimness of vision compared by the patient to looking through glass and sometimes before any opacity is discernable by looking into the eye; there is to be an appearance of most thread of hairs floating in the air before him.

The disease seldom occurs in very young people mostly about forty, but I have seen it in one infant. it often comes on without any external violence, I have seen one case follow a blow and another a Trichiasis.

A long list of medicines have been employed for the cure of catharact, and Mercury may be placed at the head of them without any good effect. This is best first because the operation is not so painful, this is proved by comparative operations. The same patient has had the lens extracted from one eye and depressed in the other.

When the Cataract is taken out it can never again obscure vision, but it may rise repeatedly when depressed or occasioning a return of blindness and each time the



On breadth



operation must be repeated. it sometimes hangs loose in the posterior chamber of the eye when the Patent Sloop causing blindness by its falling upon and closing the pupil. it has been alleged that the lens may be absorbed but this is seldom the case.

3. When the Cornea is fluid it may be evacuated but cannot be depressed. I have known it to be entirely fluid it may be of the consistency of raw foot Jelly or of the White of an egg, not completely coagulated.

4. When the capsule is opaque as well as the lens it may be pulled out, but such opaque capsule cannot be depressed with the couching needle. the opaque capsule is by no means a rare occurrence. it cannot be depressed because it stretches and bend down in that part in contact with the needle and after the operation, returns to its place by its elasticity.

5. When adhesion exists between the capsule of the lens and iris by opening the cornea they may be torn in extraction, but not in depression without injuring the iris.

C In one instance I saw the iris torn off. the inconveniences attributed to extraction are

1<sup>st</sup> opacity of the Cornea arising from the cicatrice but none exists when divided by a Sharp Knife, with but one stroke. if Scissors be employed there is sometimes



operation must be repeated. It sometimes happens however that  
further examination of the case shows the patient does  
not require it. It is then up to the operator to decide  
if he can afford to let the case go or if he must repeat it.  
This is seldom the case.

2. When the operator is first it may be considered  
but cannot be repeated. I have known it to be entirely  
it may be of the country of the patient's blood in the blood  
of an eye, not completely repeated.

3. When the operator is repeated or well as the  
it may be pulled out and back of the eye. I have known  
be repeated with the same result. The operator is  
of an eye a rare occurrence. It cannot be repeated because  
it is dead and has been in that state in contact with the  
operator and after the operator returns to his place of  
the electric.

4. When the operator is repeated and the result of the  
eye and is of course the same. The eye may be seen in  
operation but not in operation. It is then up to the  
operator to decide if he can afford to let the case go or if he must repeat it.

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eye and is of course the same. The eye may be seen in  
operation but not in operation. It is then up to the  
operator to decide if he can afford to let the case go or if he must repeat it.



an opacity but this is not before the pupil, and of course not impede the vision.

2. The passage of the lens through the pupil is said to stretch the Iris so irregularly as to form an irregular pupil. This sometimes does take place but it does not prevent vision, besides it occurs sometimes in deep sleep the patient sees as well afterwards as before.

3. The hazard of cutting the Iris, in passing the knife across the cornea, unless the operator be very careful in passing the knife straight across the aqueous humour will escape through the section of the cornea & the Iris will fold itself upon the edge of the knife and part of it will be cut away. but this may be avoided by rubbing the anterior part of the Eye which disengages the Iris.

4. The great danger than the vitreous humour may escape but this occurs only in consequence of undue pressure being made at the moment of the section of the cornea is finished. pressure at that time is unnecessary and should not be made. as every case of Cataract do not promise equal success it is of consequence to know when circumstances are unfavourable. when it is combined with other diseases the operation is improper the circumstances favourable to the operation are the Eye lids should be free from edema. the Patient should be free from pain in the head, the pain has been much increased. the operator should not be deceived in exami-







=ning the Eye. this may be happen from opaque spots in the cornea and a particular reflection of light from the Eye. he may avoid the former by looking at the eye side way. the Pupil will be seen below the spot. in the latter the patient should be placed with this side to the window that the rays of light may fall obliquely on the Eye the pupils should contract and dilate freely. this contraction and dilatation however does not prove the retina to be sound and it may be sound and the pupil immovable. If the Patient can distinguish light from darkness the operation may be avoided.

in cases of immobility of the Pupil, when the retina is sound the Iris probably adheres to the capsule of the lens.

I saw a case of a woman who had a cataract in each Eye the pupil moves freely in both. I operated and found both lens as hard nearly as stones. the Patient saw but with one Eye though the operation was performed equally in each. the Patient distinguishing light from darkness is not a certain test

before advising the operation it will be necessary to inquire if the patient Subject to coughing or apt to vomit or sneeze. some old people sneeze violently. if the patient be subject to sneezing we should choose a time for operating when he is least affected of it. I have seen pressure on the upper lip with the finger when the inclination for







Sneezing come on Suspend it.

I know a case where Sneezing ruptured a vessel in the Iris hemorrhage ensued which did not stop till a coagulation took place. This extended between the edges of the cornea and prevented <sup>this</sup> union. I was fearfull of removing the coagulum lest hemorrhage should again ensue; the Eye Suppurated and the patient lost his Sight.

Sneezing might also force out the Vitreous Humor Patients those are apt to faint on every occasion are bad Subject they should take Laudanum before the operation, as inflammation sometimes occurs to a considerable extent and may go on Suppuration it is proper to keep the patient to a low diet for a few days and to reduce the inflammatory diathesis, it will be necessary to use bleeding purging &c for 8 or 10 days before the operation, a day or two before operating a blister may be applied to the back of the neck, the bowels should be open to prevent the inconvenience of rising for a few days. The best season for operating are Spring and autumn, Cold or hot weather are not proper because in the first the room cannot be kept equally warm which expose the patient to the risk of taking cold, in the latter he is apt to be restless.

The Instruments for operating are first for making the incision of the cornea a knife after the







Direction of the Corneo Wemelt. it should gradually increase in width from the point to the handle, it then serves as a wedge to prevent the escape of the vitreous humours. it should be then but sufficiently firm not to be broken, the upper edge should be blunt till near the edge the rest very sharp. The knife should be very sharp, it may be examined with a microscope or as much easier way is to look at it before a looking glass. In choosing a proper knife we should get one wider at the handle than the semi-circumference of the Cornea.

2<sup>d</sup> a little needle <sup>little</sup> curved at the point with which the capsule of the capsule of the crystalline lens may be torn

3<sup>d</sup> a little Scoop of Gold or Silver to extract small fragments that may remain behind

4<sup>th</sup> a small hook to be passed through the Pupil and fixed into the body of the crystalline Lens for its extraction.

5<sup>th</sup> a small pair of forceps for the extraction of small fragments of the torn capsule that may remain.

It was the Customs of the ancient Surgeons to use the Speculum. I use no instruments of this kind to steady the Eye. The great objection to all instruments of this kind is that they occupy one hand of the operator. The Surgeon cannot see the anterior part of the Eye. besides they give pain to the patient and may excite inflammation. in proceeding to the operation I find it necessary while fixing the Eye to assure the patient there is no pain attending it. The Patient is seated on a low chair



position of the bones. It will be found that in most cases  
the point to the handle is less than a right angle. The reason  
the reason is, however, it should be that the point is to be  
placed. The upper edge should be about 1/2 inch from the cut  
edge. The handle should be very light. It may be examined with a  
ruler to see if it is much more than 1/2 inch from the cut  
edge. In drawing a paper, keep the point just over the  
middle of the bone. The bone should be the same  
2. A little more of the point will be  
applied of the capsule of the vertebrae in any way be  
2. A little more of the point will be  
then may remain behind.  
4. A small hook to be found through the point and  
into the top of the vertebrae. This is a  
3. A small piece of paper for the vertebrae.  
fragments of the bone. These may remain.  
It may be found of the bone. It may be found  
2. A small piece of paper for the vertebrae.  
the great object is to all instruments of the kind in the  
over head of the operator. The operator cannot see the  
part of the eye. With the eye point to the point and  
of the instrument. In passing to the operator, it  
necessary to find the eye to see the point in  
for cutting it. The point is a little over a  
point.



with his side to the window or else the reflection of light from the  
 cornea will prevent you from seeing the Catarract. a bandage is  
 applied round the head just above the Eyes having two depending  
 Compresses attached to it to cover the Eyes; then Compress hanging  
 over the affected Eye is tied up to the bandage. if the hair is long  
 before it, should be cut to prevent the chance of its getting into the Eye  
 and irritating it. The Surgeon is seated on a chair considerably hig-  
 -her than the patient and taking the Knife into his right hand or  
 left according as the right or left Eye is to be operated upon, he pro-  
 -ceeds to making a section of the Cornea, the Patient head should be  
 supported on the breast of an assistant who raises the upper Eyelid  
 on doing this, the skin should be followed on the <sup>upper</sup> ciliary  
 ridge so as to prevent its closing. the tarsus should be forced a-  
 -gainst the frontal margin ridge of the socket. The Surgeon pull-  
 down the under and wait till the Eye is steady at the moment he  
 applies the Knife to the cornea at a bout one sixteenth of an inch  
 from the Sclerotica. he only apply the Knife but does not puncture  
 for at that time the Eyes generally recede from the Knife, it should  
 be followed by the Knife and the moment it becomes fixed, the  
 puncture should be made. The Knife is to be carried across the  
 Eye and brought out on the opposite side making a semi cir-  
 cular incision, if when the section is making by the discharge  
 of the aqueous humour the Iris comes forward so as to endanger  
 -get its being wounded, the motion of the Knife should be







Stopped. and the Iris made to recede by gently rubbing the cornea  
 the incision is then to be completed, than the Eye may not be the  
 least pressed upon. The assistant who rises the upper lid should let  
 it fall as soon as the point of the knife has passed through the  
 opposite side of the cornea. in making the Incision never  
 draw back the knife for if this be done the knife act no longer  
 as a wedge to prevent the escape of the aqueous humour. if the  
 knife is wide enough to cut itself out. but if owing to the mo-  
 tion of the Eye or any other cause the knife should be drawn  
 back, it would be advisable to desert from the Operation  
 and to defer it till the wound in the cornea is healed.

Waron Wensel advises to puncture the crystalline  
 Lens during the section of the Cornea, by dipping the point of  
 the knife into the pupil, this might be done if the Eye was very  
 still steady, but if it is mostly so unsteady as to render the Barrow  
 is direction impracticable. I prefer tearing the capsule afterwards  
 with a needle, with this the capsule can be much easier torn  
 and if should be opaque, it can then be much easier extracted  
 in tearing the capsule care must be had not to injure the iris  
 this being done the Eye must be closed to give it rest and than  
 the pupil may dilate. after resting few minutes the Eye  
 is opened by the surgeon and gradual pressure made on  
 the ball at the same time the divided portion of the cornea  
 is raised a little by the scoop.







if the lens does not come easily through the pupil the Surgeon  
 rather hold of it with the needle or hook to facilitate its extraction.

The moment it is out the lid should be closed and kept so  
 for sometimes. They are afterward opened and the state of the  
 pupil examined if the capsule be not opaque the pupil see  
 if opaque the pupil remains white. The Surgeon should be  
 proceed to extract the fragments of the capsule; these are often  
 brought into the anterior chamber of the eye and discharged  
 by gently rubbing the lid over the cornea but if they remain  
 in the eye the scoop should be employed, this should not be  
 pushed too far for fear of injuring the capsule of the vitre-  
 ous humour. if the capsule of the lens is to be taken out  
 small forceps is the best instrument. sometimes the lens cannot  
 be extracted by any moderate degree of pressure, though aided  
 by the hook it is then probable its capsule adheres to the Iris  
 the adhesion must be torn away by the needle, but this requires  
 great nicety. Take care not to throw the Iris into the fold or it  
 may be torn. sometimes before the operation we know the  
 capsule is opaque we judge of this by spots of opacity appea-  
 ring as though detached from the lens. in this case after the  
 Section of the cornea (as it is known the capsule must be extracted)  
 I advise the anterior part of the capsule pushed up with a pair  
 of forceps, by pulling the whole membrane. it may be easily  
 taken out. The capsule is extracted first because it can be







easily hold of when the lens remains whole in the Eye. The Lens when directed of the capsule fall to the bottom of the Eye. it may be extracted by a small hook. a small portion of the vitreous humours always escape. after removing a Cataract it is customary to exhibit various Substances as traches and the like to know if the patient has vision but the Eye should not be kept open too long. During the operation none of the relations of the patient should be present

a Dutchman who had been blind for five years was operated upon for a cataract. his wife stood by during the operation, I was the first person he saw. The poor man burst into a flood of tears and it was with difficulty he was prevented literally crying his Eyes out. after the operation is completed a soft dry rag is to be applied to the Eye. on this a bandage should be carried round the Head; the patient is then put to his bed and ordered to lie on his back in order to prevent the escape of the Humours. all light should be excluded from the apartment, the patient should live on vegetable diet, in taking Drink he must not rise his head. a tea pot without a lid should be used for giving him Drink. The patient hand should be secured by a piece of tape to the bed rails to prevent his rubbing his Eyes in his sleep in 8 or 10 days the Eye may be examined if pain or fever comes on we endeavour to remove them. and change the Dressing



and this holds of the low season while in the city. The  
and the success of the capture falls to the action of the  
city. It may be expected in a brief look a small portion of  
the various things which escape. After viewing a lot of  
it is customary to speak of the various things as matters and the  
like to them of the pattern has been but the few things are  
which open the way. During the operation of the  
-tion of the pattern should be given  
a. The pattern which has been given for the purpose  
operated upon for a distance. In this case of the pattern  
operation. I am the first person to have the pattern  
down in a flood of less and I am with difficulty in the  
-ment. I have been copying the pattern out of the operation  
is completed a little way up to be applied to the pattern  
the a distance. I have been copying the pattern out of the  
pattern in them but to in the and covered in the  
in order to prevent the escape of the pattern. All this  
should be expected from the operation. The pattern should  
be an important one, in taking I think he must not only  
the work. A less good without a little should be used for  
giving the work. The pattern should be used for the  
of the work. The work is to prevent the escape of the pattern  
in the work. The work is to prevent the escape of the pattern  
in the work. The work is to prevent the escape of the pattern



every day. as the moisture that is discharged from the eye is discharged  
 and absorbed by the dressings which becoming dry cause irritation  
 when the dressings are changed always pull down the lower eye  
 lid: the hairs if they have got into the vicinity of the cornea will  
 prevent the healing.

in different parts of the body but most frequently in the groin  
 owing to the position of the belly. situated at that point opposite  
 the groin there is a opening for the passage of the spermatic  
 cord in men and round ligaments in women through which the  
 parts are protruded when the osseous or the ductile  
 the protrusion may occur at different parts of the body  
 when the tumor is found in the neck is called scrofula  
 or hernia when in the groin is called inguinal and in the thigh  
 femoral hernia in every instance it is caused by a protrusion  
 of some part of the osseous or ductile body.

In every hernia the protruded parts are included  
 in a sac which is formed by an elongation of the perito-  
 neum. there is one species of Hernia called the hernia  
 congenita with which of our attention have the protruded  
 parts are in contact with the testis. The tunica vaginalis  
 which is properly a serous covering of the testis passes it  
 in the duct into the scrotum, the upper part of the duct joins  
 the canal of round the spermatic cord immediately after the  
 duct of the testis which is about two inches long.







# On Hernia

Hernia may be defined a tumor occasioned by a protrusion of some of the contents of the abdomen. This takes place in different parts of the body but most frequently in the groin owing to the parietes of the belly weaker at that part. opposite the groin there is an opening for the passage of the spermatic cord in men and round ligaments in women, through which the parts are protruded either the omentum or the intestines.

This protrusion may happen at different parts of the body when the tumor is found in the navel it is called umbilical hernia, when in the groin butovocal and in the thigh femoral hernia, in every instance it is caused by a protrusion of some part of the omentum or alimentary canal.

In every hernia the protruded parts are included in a sac which is formed by an elongation of the peritoneum. There is one species of Hernia called hernia congenita well worthy of our attention. here the protruded parts are in contact with the testicles. The tunica vaginalis which is properly a peritoneal covering of the testis pass with it, in its descent into the scrotum; the upper part of this sack generally closes up round the spermatic cord immediately after the descent of the testicles which is about birth. Sometimes two or







three days after or before. it sometimes so happens that this descent of the Peritoneum into the Scrotum does not immediately close up, after the descent of the testicle but remains open for sometimes and when it does not close up, by coughing sneezing crying &c. &c. hernia is produced. as there are several kinds of hernial I shall confine myself to that species called

## Bubonocèle

The Symptoms are a swelling in the groin beginning at the abdominical ring and passing into the scrotum or labia pendula. The testicle can be felt at the bottom of the scrotum; the tumour is soft and bears handling very well and when the patient lies down it disappears. pressure on the abdomen makes it more tight and when the Surgeon lays his hand on it, if the patient coughs he will feel pressure made against his hand, causing a sensation as if distended with wind. There are some diseases with which hernia is likely to be confounded; as bubo, swelled testicle, lumbar abscess and Hydrocele; but by paying attention to circumstances it is very easy to distinguish between them. a bubo is generally preceded by a chancre, it is hard and painful and the tumour does not disappear upon lying down. it is likewise very easy to distinguish between bubonocèle and swelled testicle







or hydrocele. in the former the testicle is hard and painful to the touch. They are only found at the bottom of the Scrotum and the spermatic cord may be traced to the abdominal ring at which place it is from swelling. In hydrocele the tumor begins at the bottom of the Scrotum and work upward. Whereas buboncele begins at the top and work downward. The fluctuation may be felt in hydrocele and in swelled testicle. in Hydrocele we cannot reduce the tumor by squeezing it but to distinguish buboncele from hydrocele is sometimes more difficult I have seen the latter envelopped in a cyst. When the patient shamed there was protruded and the testis where at the bottom of it. Hydrocele is in general Diaphanous.

a case come under my notice which was supposed to be Hernia and as such was treated. I was convinced of examining it that it was hydrocele it was diaphanous admitting the light to pass through the tumor and was cured by taping and afterwards by injecting urine.

In the lumbar abscess the matter passes from its seat in the psoas muscle, down under psoas major ligament following the course of the muscle and form a tumor in the upper & anterior part of the thigh at which place the fluctuation can be felt, and the tumor can be pushed from the thigh up into the cavity of the abdomen and vice versa. If your hand be laid on the abdomen and pressure made



or hydrocele, in the former the testis is hard and painful  
to the touch. They are only found at the bottom of the scrotum  
and the spermatic cord may be traced to the abdominal  
ring at which place this form swelling. In hydrocele the  
tumour begins at the bottom of the scrotum and rises up to  
the level of the umbilicus, begins at the top and rises up to the  
fluctuation may be felt in hydrocele and in scrotal testis in  
hydrocele the scrotum is not enlarged the tumour is spreading out but in  
hydrocele the scrotum is enlarged from hydrocele in hydrocele the  
= will I have seen the testis enlarged in a cyst. When  
the patient stands there is no protrusion and the testis is  
at the bottom of the scrotum. Hydrocele is a general disposition  
a case comes under my notice which has appeared  
to be the same and of late has appeared I am convinced  
of examining it that it was hydrocele it was in the scrotum  
containing the light the testis the tumour and was  
= was by lifting an effusion by injecting wine  
For the tumour when the patient is from the  
test in the scrotum some small firm hard tumours  
following the course of the spermatic cord and from a tumour in the  
upper & anterior part of the thigh at which place the  
= tumour can be felt and the tumour can be pushed from  
the thigh up into the body of the abdomen and even  
It may be laid on the abdomen and pressure can



the tumor on the under part of the thigh will be rendered more full and tense. The great danger liable to take place in hernia is from great inflammation which issues from the stoppage of the circulation and of the feces in consequence of a Stricture coming on. This stricture may be formed either by the neck of the sack or by the tendon of the oblique muscle. When the existence of a rupture is ascertained it should be reduced and supported by the application of a Truss. not infrequently the patient can reduce it himself but when he cannot, the Physician by laying him down in a horizontal position for the part can effect it after which a Truss should be applied on the soft part of the pubis so as to press the spermatic cord occasioning great uneasiness to the Patient, if continued for any length of time. or applied so far to the groin as not effectually to close the orifice. The best way is to examine exactly with your finger tracing the tumor into the abdomen and when you find the orifice apply the truss so that the soft part will be directly over it just above the upper edge of the pubis. Trusses are mostly employed at a particular age. but they should be employed when necessary at all ages.

Strictures sometimes prevent the reduction of the protruded part, but we commonly always reduce them when there is no stricture. and this for several reasons,



the tumor on the nasal part of the lip will be removed  
fall and leave the great vessels like to take place in human  
is from great inflammation which arises from the stopping of  
the circulation and of the form in consequence of a division  
commencing on this point may be formed either by the neck  
of the neck or by the removal of the oblique vessels. When  
the existence of a tumor is ascertained it should be taken  
and supported by the application of a band and under  
pressure the patient has reduced himself but when the  
tumor is by laying him down in a horizontal  
position for the part can be kept at rest which a sharp band  
is applied on the left part of the body so as to form the  
hemorrhagic cord occurring great pressure on the left side  
continued for any length of time or applied as far to the  
as not effectively to close the orifice. The band may be so  
applied exactly to the part having the tumor which  
remains and when the tumor is applied the band is  
then the left part will be directly over it and the  
upper edge of the body. Tumor are usually enlarged in  
a particular age but they should be employed in the  
early of all ages.

Of the tumor however prevent the reduction of the  
contracted part but no common change occurs from when  
there is no tumor and this for several reasons.



1st. because too large a quantity of bowels have collected in the tumor to allow of their being returned.

2. the next difficulty in the reduction is from an attraction of a part of the omentum.

3. from adhesion taking place between the protruded part and the side of the opening or from the adhesion of the obtruded part among themselves.

When difficulty of reduction arises from adhesion or in the last case it will admit of no remedy, only being supported by a truss. when adhesion takes place so that the surgeon is unable to reduce the tumor a sack made just so as to contain it should be applied or else the hernia will continue to enlarge till it get to a great size.

I saw a case in which the sack had got down to the knee. if the patient in such a situation neglect the truss he is not only in great distress but in danger of strangulation. the symptoms of strangulation are increase hardness of the tumor, obstructed circulation, pain if the patient stand up a hard contracted tense pulse and sometimes vomiting, and the tumor becomes painful to the touch. when called to a case of strangulated Hernia, it requires great attention. In proceeding to return the protruded parts the patient should be placed on a firm bed or matras with his buttock raised considerably



1771. because too large a quantity of houses have collapsed  
in the town the other of them being reserved  
I find great difficulty in the selection of a new one  
than of a part of the convent.  
I have adhered to the place between the cathedral  
and the site of the opening or from the cathedral  
of the cathedral had many themselves.  
There is difficulty of selection since from a distance  
as in the last case it will seem to be a very odd being  
supported by a wall. When a new one place is then  
the design is unable to make the tower a back window  
to or to contain it should be applied to the facade  
will continue to enlarge till it get to a great size.  
I saw a case in which the house had got down  
to the main, if the system is such a distance required  
the two first out only in great distance and in length of  
the building. The dimensions of a building are in  
the thickness of the main, but the distance from it  
the festival stand up a hard structure built  
and the main is now in the main become painful  
to the tower. It is called to a case of a building  
to the tower. It requires great attention. The present is to be  
the present is to be the present is to be the present is to be  
but or another with in a short time some body



higher than his head and the thigh bent upon his body to relax  
 the muscles, when this is done squeezing the protruded part cautiously  
 with your hand so as not to hurt the vessels, when the patient can  
 do this himself it is best, as he will be likely to use less violence  
 so as not to injure any of the parts. This operation is called taxis  
 if this is not sufficient bleeding copiously is of use and McEott  
 advises to continue it ad deliquium animi. and then try if it can be  
 accomplished. The bleeding tends to prevent any inflammation. I  
 have not however seen one case of bleeding ad deliq animi where the  
 reduction succeeded immediately after. Cathartics are then generally  
 given. I have found cream of tartar given with about 80 or 100  
 grains of Dolap. and one drop of mint herbessence very well.  
 along with this the warm bath should be used, the patient should  
 be kept in it till it becomes very weak and when in the bath the  
 surgeon should try to reduce it. This from producing a general relax-  
 -ation will I have no doubt succeed frequently. I have therefore  
 an high opinion of it in strangulated Hernia. When all these reme-  
 dies fail injections made by a decoction of tobacco (3i to a pint of  
 water) may be used. This decoction is to be known when known up  
 so as to occasion nausea and general relaxation. Great care  
 is necessary in administering this remedy it should be given in  
 small quantities at a time until the desired effect is produced  
 This is the most successful remedy in strangulated Hernia  
 the fumes of Tobacco are not so convenient as they require a



the former of tobacco are not so convenient as the former  
the in the most successful remedy in frigidities  
shall spend his or a time while the human effort is  
is necessary in administering the remedy it should be given  
as or to occasion nausea and cannot be taken. Great  
hole may be used. The direction is to be blown into the  
his foil injection made of a solution of tobacco (2 to 3 pint of  
an high opinion of it in frigidities. It is a  
shall I have no doubt succeed frequently. I have  
frequent fluid by to extract. This form may be given  
be kept in it till it becomes very thick and white. The  
along with the other balls. It should be used frequently  
pains of oblique and or drop of water. It is very well  
given. I have found cases of labor given with about 8 or 10  
reduction becomes remarkably easy. Colic is then generally  
have not however seen one of these added since. The  
accomplished. The bleeding does it present any inflammation. I  
advised to continue it out of Belgium. And then I can be  
it that if not sufficient bleeding (especially if not) and the  
do advise to repeat any of the first. This operation is called  
to them himself. It is best or it will be likely to be in vain  
with your hand do not want to find the blood. When the patient is  
the muscle. When this is done repeating the process just certainly  
higher than his head and the finger bent upon his body to return



peculiar apparatus and sometimes they excite spasms. When all these methods fail the application of Ice or snow has proved useful. Strangulated Hernia has been reduced by cold this remedy is particularly recommended by Mr. Wilson. I could not hesitate to employ it when other remedies fail. It should be continued for sometimes, perhaps for the space of three or four hours if necessary. according to the degree of cold applied care should be taken not to freeze the part, if these remedies fail we must have recourse to an operation. for if the patient is not relieved by some means or other he soon grows worse. The sickness become more distinguished, the pain is more intense, the belly swells the fever runs higher, hiccup cold sweat &c. occurs. but after a while these symptoms cease and the Patient thinks himself getting better and in some instances the contents of the tumor goes up. but the symptoms return worse than before and death quickly closes the scene from mortification of the intestines coming on.

it is difficult to tell when is the exact time for performing the operation, because sometimes the bowels mortify from the pressure in a short time and at other times the patient will bear it from four or five days and then get well. but in general I would advise if the above remedies fail, to perform it in at most 30 hours after it commenced if the strangulation remains.

I have once succeeded in reducing the tumor after



peculiar apparatus and sometimes they operate through  
the medium of the application of heat or from the force of  
expansion. The former has been introduced by Mr. Wilson  
and is recommended by Mr. Wilson. It will not be  
difficult to see that it should be continued for some time  
the force of heat or force of expansion. According to the degree of  
expansion the force should be taken out to keep the heat. It has been  
the most have recovered an operation for the patient is not  
acted by some means or other he soon grows from the position  
becomes more distinguished, the force is more uniform, the belly  
the force more regular. The most the force is not only  
the force of expansion even and the force must be kept  
the force and in some instances the contents of the lungs go up  
but the expansion of the lungs must be kept and be quickly  
that the force from expansion of the lungs comes on.  
It is best to tell when in the next time for the  
during the operation, because sometimes the force is not  
the pressure in a first time and at other times the patient  
will see it from force or fine clay and then get well. But  
in general I would advise of the above means first to  
force it in at least 20 hours after commencement of the  
operation.

I have once succeeded in reducing the tumor after



all remedies failed by rising the foot of the bed considerably the highest in this case the tumor receded voluntarily during the night.

There are two Methods for operating for Hernia and first for bubonocolic.

In proceeding to perform this operation the first precaution is to shave away the hair, then make an incision in the direction of Poupart's Ligament about four inches in length and dissect up that part tying the tendon of the external oblique bone so as to expose the ring. This done puncture the tendon in the direction of his fibres at a small distance about an inch from the ring. a Director is introduced at the puncture and passed out at the abdominal ring. the part of the tendon lying over the Director is divided length ways of its fibres; an attempt is now made to reduce the content by taxis. This practice has been disapproved by surgeons who say that the content of the Sack may be in such a condition as to forbid reduction and that the Sac should be opened to examine its content. for say they if any of the part be killed, or the Sack contain acid serum and be returned in this state into the abdomen, it would occasion great inflammation, but I would ask those Surgeons if they would not before the operation use every exertion to reduce it and in the present case if it can be reduced, it will prevent the necessity of opening the Sack by which the risk of peritoneal inflammation will be avoided. Opening







The sack would produce a communication for the air to the cavity of the abdomen all such communications are attended with violent inflammation which mostly terminate fatally on the third day or sooner.

Should the attempt to reduce the protruded contents prove ineffectual the operation must be continued. The incision is continued down to the bottom of the Scrotum and the sack is laid bare. after this attempt to scratch through the Scrotum should be repeatedly made with the point of a Scapel trying with a probe after each scratch to see if a puncture be made. When a puncture is made introduce a director and with a blunt pointed bistoury enlarge the orifice so as to admit the finger, which is the best director for the knife after this the sack is divided the whole length from the ring. next examine the contents of the sack, which if sound must be carefully returned into the abdomen. This at times cannot be done for three reasons

1<sup>st</sup> adhesion.

2 a change in some of the protruded parts

3 a stricture in the neck of the sack alone

When it cannot be done on account of a stricture in the mouth of the sack, the stricture is to be divided; taking care not to wound the intestines. The finger should be introduced as far as possible for a director for your knife and in







general the mouth of the sack is not so small but that the finger may be introduced a little way. sometimes adhesion take place so that the intestine cannot be reduced when the sack is laid open, these may easily be separated either by the finger or by the handle of the scalpel: if the protruded part be altered in his shape the ring must be dilated to admit of its return. except it be formed by the orcutum, then the altered part may be cut away. if a mortification of the protruded part has taken place it should be separated and the sound part of the intestines joined by the interrupted suture and sowed on to the side of the wound. notwithstanding the face will for some times escape through the orifice, it will mostly in the end heal well.

Although in Subowcele it is best not to open the sack when it can be avoided yet in femoral ruptures I believe it is safest to open the hernial sack and then and then to divide the stricture. The sack here is internally thin and scarcely to be seen. in proceeding with the operation a great deal of caution is necessary to prevent wounding the intestines, when cutting near the neck of the sack care should be had not to cut on either side. because on the out side of the neck of the sack passes the Epigastric artery and on the inside of it the Spermatic cord: crossing each other directly at the strictured part so that if you cut towards the inside







you will cut the Spermatic cord and if you cut toward the out side the Epigastric artery and if posterior the great blood vessels. A remedy this Mr Gimbrun proposed to dilate the Stricture by making the incision toward the pubis. The best method is after opening the sack to introduce a director or your finger which is better along with your bistoury bearing its edge looking toward the pubis, when you come to the Stricture the incision is to be made toward the pubis dividing the Stricture so as to cut behind the Spermatic cord.

Dr Osbunro advise to cut from the neck of the sack toward the navel, so that by keeping that direction you might dilate the Stricture toward the angle made by the epigastric artery, and spermatic cord and there by avoid cutting either. Mr Hay suppose that the femoral ligament forms the chief obstruction to the reduction of the protruded part.

I will advise you to read Mr Lott, Hay, Hooper on this Subject. Sometimes the finger cannot be introduced on account of the smallness of the aperture, when this happens introduce a director under the Stricture and then with a bistoury lay it open sufficiently to reduce the protruded parts. If the protruded of the intestine is found to be mortified, that part must be removed (taking care not to cut through a sound part than Dead portion may be completely separated) and the sound part stitched to the side of the







side of the wound. So that the intestine may protrude about an inch. The protruded part will in time as the wound heal retract within the cavity of the abdomen and as they are drawn in the edges will come nearer in contact, till at last the villi unite and form a perfect canal completely within the abdomen, and the patient will discharge the feces in their natural way. Sometimes the omentum is found in a spasmodic state. it should never be returned so into the abdomen or else the dead part will cause peritoneal inflammation.

The folds must be spread out and the mortified part, separated with a pair of scissors. if any artery is wounded or divided it must be taken up leaving the thread sufficiently long to reach out of the abdomen. Mr. Hay has proposed taking off this portion with a ligature, tying it so tight as only to indent the omentum at first and then daily tightening it till at last it is completely separated and when the gangrenous part is protruded down through the omentum his Method is a very good one.







# On Hydrocele

Hydrocele is a term applied to a disease consisting in a preternatural collection of water in the Scrotum. of this disease there are three species.

The first is an effusion of water into the cellular substance of the Scrotum (the cells communicate)

The second species is when the water is contained between the tunica vaginalis and the scrotum. The tumor has a doughy feel bender indentation may be made with the fingers. The skin is nearly of its natural colour and is diaphanous, The skin of the Penis also becomes distended. if the Patient lie down no diminution takes place in the bulk of the tumor, The swelling begins at the bottom of the scrotum. The Pedicle can be easily felt at the beginning of the disease and likewise the spermatic cord and no fluctuation can be perceived. The second kind or kind of the tunica vaginalis is owing either to an increased action of the absorbents. The swelling in this species begins at the bottom of the Scrotum soft at first but generally grows more tense and cannot be reduced by pressure though it sometimes collect suddenly from a rupture of a Lymphatic. The tumor is small at first in which state the testes can be readily felt, but when the tumor is large it is not perceptible.



# On Hydrone

Hydrone is a form of spirit to which is given a medicinal collection of water in the stomach after dinner. There are three species.

The first is an effusion of water into the cellular texture of the stomach (the cell communis).

The second species is when the water is contained between the tunica vaginalis and the peritonium. The third has a purgative effect on the stomach and is usually with the finger. The third is usually of a red color and is dyspeptic; the skin of the vein also becomes hardened at the point to which the communication takes place in the middle of the tumor. The swelling begins at the bottom of the foramen. The tumor can be easily felt at the beginning of the disease and likewise the peritoneum can and no fluctuation can be perceived. The second kind or form of the tumor is purgative in its effect either to an increase of the absorption. The swelling in the first kind at the bottom of the foramen soft at first and gradually grows more tense and cannot be reduced by pressure. Though it sometimes extends but only from a rupture of a lymphatic. The tumor is small at first in which state the tumor can be easily felt, but when the tumor is large it is not perceptible.



The fluctuation can readily be perceived and the tumor is diaphanous. The disease most likely to be confounded with it is the Hernia it is however easily distinguished from hernia as in it the tumor begins at the bottom of the scrotum and extends upward but in hernia it begins upward and extends downwards.

Hydrocele is always permanent, whereas in Hernia the tumor often disappears when the patient lies down. Sclirrhous of the testicle has sometimes been confounded with it. we can distinguish Hydrocele and Sclirrhous Testicle by the latter having a swelled spermatic cord and in sclirrhous the tumor is flattened and is harder than in hydrocele. it is scarcely possible to confound it with Hernia humoralis. This kind of hydrocele is however very complicated and requires much attention to distinguish between it and other diseases.

The 3 species is when water is contained in one or more cysts of the spermatic cord. Here the testicle can be felt to the bottom of the scrotum. The tumor is diaphanous and swells up to the abdominal ring. and in one case I believe the tumor extended through the ring itself. in such cases there is much difficulty in distinguishing from hernia. only if we press the tumor so that the water is forced into the abdomen the instant we take away the pressure it will return again. Thus pressure on the side of the tumor causes no difference of the former, but will often succeed in removing the latter.







Having mentioned three different species I shall now proceed to the

## Treatment

No inconvenience result to the patient from hydrocele but what arises from weight or bulk of the tumor: though in hot weather the skin excoriate and if the patient walk about it cause pain in the back from the weight this is relieved by the use of a suspensory bandage which sits so easy and is worn with so little inconvenience that some people refuse to submit to the operation.

The first species which is that of anasarca hydrocele is generally cured by medical means. it however at time happens that an operation for discharging the fluid is necessary for the cure. This I should advise to be done by means of a small punctures made with the point of a Lancet. than it may ooze out. This is preferable to making an opening with caustic or the introduction of a seton or making deep incisions which may produce mortification. the punctures are to be covered with dry lint they should be made in four or five place. Sometimes an anasarcaous tumor is produced by the bursting of the tunica vaginalis.

a case came under my care in which while the patient was sitting still felt something strike in the



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The following is a list of the names of the persons who have been  
admitted to the

## Treatment

The treatment consists in the removal of the patient from the hospital  
but it is not necessary for the patient to be removed from the hospital  
on his return. The patient is removed from the hospital on his return  
about 12 hours from the date of his admission. The patient is  
admitted by the use of a temporary bandage which is removed  
and is worn until the patient is able to walk. The patient is  
then admitted to the hospital.

The first object of the treatment is to remove the patient from the  
hospital. The patient is removed from the hospital on his return  
about 12 hours from the date of his admission. The patient is  
admitted by the use of a temporary bandage which is removed  
and is worn until the patient is able to walk. The patient is  
then admitted to the hospital. The patient is removed from the  
hospital on his return about 12 hours from the date of his  
admission. The patient is admitted by the use of a temporary  
bandage which is removed and is worn until the patient is able  
to walk. The patient is then admitted to the hospital.

The patient is removed from the hospital on his return about 12  
hours from the date of his admission. The patient is admitted  
by the use of a temporary bandage which is removed and is worn  
until the patient is able to walk. The patient is then admitted  
to the hospital.



Scrotum and shortly after an enlargement appeared which was soft and diffused itself generally over the scrotum. The skin became black which very much alarmed the Patient as he supposed mortification coming on. The Physicians were called in who not understanding the case were suspicious that his apprehension were too well founded. Mr Hunter supposed that the tunica vaginalis was ruptured and that the colour was owing to the escape of the blood this proposition was readily agreed to, and the Patient was informed that in time the blood would be absorbed and the wound in the tunica vaginalis healed. but then he would be subject to a return of the complaint all which turned out has had been predicted.

## Hydrocele of the tunica Vaginalis.

I mention a case of the hydrocele of the tunica vaginalis which was cured by purging. I have cured it by using water to be poured on it out of the Spout of a tea pot two or three times a day. this method will often succeed in children, sometimes it is absorbed without any aid. when all these fail it is necessary to have recourse to an operation. relief may commonly be obtained by evacuating the water, this is done by means of a common Lancet or trocar which consists of a silver tube in which is a Stilet projecting beyond



132  
 The first case of this kind  
 was reported by Dr. [Name]  
 of [Location] in [Year]. The  
 patient was a [Age]-year-old  
 female who had been  
 suffering from [Symptoms]  
 for several months. The  
 disease was characterized  
 by [Symptoms] and  
 [Symptoms]. The patient  
 was treated with [Treatment]  
 and [Treatment], but  
 without success. She  
 died on [Date].

## HYDROCELE OF THE UTERUS VAGINITIS

Dr. [Name] has reported a case of  
 this kind in [Year]. The  
 patient was a [Age]-year-old  
 female who had been  
 suffering from [Symptoms]  
 for several months. The  
 disease was characterized  
 by [Symptoms] and  
 [Symptoms]. The patient  
 was treated with [Treatment]  
 and [Treatment], but  
 without success. She  
 died on [Date].



the Canula about an  $\frac{1}{4}$  inch which part is triangular and short for cutting. The trocar is to be pushed through the scrotum into the cavity of the Hydrocele. when introduced the Stilet is withdrawn to suffer the water to pass off after which the wound is closed by applying a strip of adhesive plaster and the parts supported by a suspensory bandage, this is only palliative and is not sufficient to cure the disease completely, but to produce a radical cure it is necessary something more should be done.

There are several modes of effecting a radical cure the object of them all, is to effect union between the tunica vaginalis and testis, of which I shall now only mention four.

The most ancient of these is to make a long incision through the scrotum so as to examine the state of the testis when it is ascertained to be free from Schirre, lint is applied in the cavity between the tunica vaginalis and the body of the testis to excite an inflammation of the part so that the two surfaces may unite together; the lint is to be left in till suppuration takes place freely, then it is to be extracted. when the tunica vaginalis adheres to the testis forming an union with it. this frequently succeeds but it is attended with great pain and inflammation. and it does not unfrequently happen that abscess form after the patient is thought to be well. I have seen abscess formed in the scrotum in conse-



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we cannot do but on the whole which best represents  
the fact for cutting. The factor is to be guided through the  
into the body of the Hypopharynx when it is found the  
with the same to suffer the water to pass off a few inches  
ground is cleared by applying a strip of adhesive plaster and  
the foot supported by a but necessary bandage. This is only  
preliminary and is not sufficient to cure the disease completely  
but to produce a radical cure it is necessary to remove the  
thrust of the bone

There are several modes of effecting a radical cure  
of them all, it is to effect union between the two separated  
ends of which I shall now only mention the  
The most ancient of these is to make a long incision  
through the Os Hyoides in order to expose the ends of the bone  
when it is ascertained to be free from disease. This is effected  
in the body between the two separated ends of the bone  
the bone to separate the inflammation of the part so that the  
two surfaces may unite together. The bone is to be left in  
the Os Hyoides. These freely, there is no danger  
-ed. When the Os Hyoides separates, the bone is to be  
one union will be the frequently success but it is not  
with great pain and inflammation and it has not been  
happened that after the operation is thought to be  
well. I have seen some formed in the Os Hyoides in cases



sequence of thread being left behind. Six weeks after the wound was healed up. this I have seen once but it frequently happens after this treatment

The next Method is by means of an eschar formed by means of Caustic. This is not only attended with great pain and inflammation but cause a large suppurating sore to the no small distress of the Patient.

M<sup>r</sup> Ellis has proposed applying it only in size of a Shilling which he thinks would be sufficient to excite inflammation of the whole cavity, but this often produce violent inflammation of the whole Scrotum and sometimes mortification. This Method is Seldom used at present

The Next Method is to pass a seton through the Prostate between the tunica vaginalis and testis, This Method is recommended by M<sup>r</sup> Doll but it is exceptionable because sometimes the adhesion will take place only at the Part which is in contact with the seton with the tunica vaginalis and the Disease may again occur and likewise when they are cut in the body of the testis this treatment will not do, and there cannot be opened without trying open the tunica vaginalis, but the cure must be effected by suppuration. M<sup>r</sup> Earl has revived the method of throwing stimulating injections into the Scrotum, he causes the wine to be diluted with one half of water. I have always used it diluted with water.



presence of these things left behind. By water after the storm has  
passed up. This I have done once but frequently happen after the  
treatment

The next method is by means of an iron. I have found by means  
of (candle) that it will not burn with great heat and inflammation  
but causes a large, separating mass to the small bones of the  
skull.

21<sup>st</sup> The last proposed applying it only in the case of a fracture  
which he thinks would be sufficient to create inflammation of the  
whole easily but the other fractures would not be inflammation of the  
whole. I mention this and mention it in the history of the  
is seldom used at present.

The last method is to use a stone through the scrotum  
between the limbs. I have seen this method in some  
cases by Mr. Scott but it is a great trouble because sometimes  
the scrotum will take fire only at the point where it is applied  
with the stone. With the instrument now and the scrotum  
may again occur and I think it is better to use it on the body  
of the testis. The treatment will not be any more than the  
opening it. I have seen the stone in the scrotum but the  
stone must be affected by inflammation of the testis and  
scrotum. The method of I have seen it in the scrotum and  
the scrotum may be caused the stone to be taken out and  
half of the testis. I have always used it behind the testis.



Some advise a solution of White Vitriol and I have no doubt but it would answer very well. Some have advised a solution of corrosive Sublimate but if this is employed it should be used very weak. after the water as been drawn off; an injection of wine may be thrown into the tunica vaginalis; this will sometimes cause a good deal of pain about the lumbar region and has produced Syncope. it should soon be let out perhaps after two or three minutes. Inflammation will come on in about two or three days but never run very high and soon subside without any trouble if it should run very high. N.S. may be necessary. frequently in the cessation of inflammation water again returns in all cases of Non Sord I have effected a cure by pouring cold water over the part to the quantity of about half a gallon per day. When the first operation fails it is not so severe but than the patient will shortly mostly submit to it again. When one or two injections will not do. Mr Hunter propose making an incision about an inch long in the anterior and upper part of the Scrotum so that the finger may be introduced to ascertain if any hydrocele exist. and fill the space between the tunica vaginalis with four small bolus of Dough to cause an equal suppuration over the whole cavity after four or five days suppuration will have taken place at which time the dough will become soft so as to resemble pus in consequence of mixing itself with the fluids thrown into the cavity. . . the contraction of the Scrotum which







take place will throw out the Dough gradually and regularly and hernia will take place and the cure effected.

I have performed this operation several times and believe it to be the best mode of curing the disease.

I now show the operation of injecting it with lime. The instruments are a Trochar which consist of a silver canula about three inches long in the tube is a little Stilet projecting out about  $\frac{1}{8}$  of an inch beyond the end of it. a cork with a bladder or a gum elastic bag fixed to the end of it for containing the injection. The Patient is seated on the edge of a chair and directed to grasp the bottom of it with both hands because if his hands were at liberty he will be apt to disturb the Surgeon. When fixed in this manner so that the Scrotum project over the edge of the chair the operator takes hold of it and causes a tension in that part of the tumor where he wishes to make the puncture and then push in the Trochar as soon this instrument has entered the cavity the Stilet is withdrawn and the canula pushed further in to prevent the Tunica vaginalis slipping off the end of the tube which would prevent the water from passing out. When the water is drawn off an injection of port wine is thrown in retained a while and then suffered to run out, the wound is closed with adhesive plaster and the Patient put to bed.







Care must be taken to keep the canula through the tunica vaginalis when you inject or else the whole of the content will be thrown into the cellular substance without effecting its way into the proper place and a new operation will be necessary. Care should also be had to examine well where you puncture the Scrotum. to avoid wounding the testicle which too often happens.

A Gentleman troubled with Hydrocele called in a Surgeon to his aid, who performed the usual operation with a Trochar but to his great astonishment no water flowed upon his withdrawing the Stiletto. another Surgeon was called who likewise performed the operation near the same place but with a similar success. a third Surgeon was called but with the same disappointment as the others. They agreed it was a very difficult case to understand. Mr. Hunter's aid was then desired who upon examining the case and recollecting the peculiar sensation the testes give when squeezed; though he could not feel its situation, yet by the sensation caused by squeezing he found the testes to be attached to the Scrotum at the anterior part just where they made their punctures. the Trochar has been pushed in the body of the testes. he then punctured the Scrotum at the lower back part where the testes always lie and the water flows out as is usual in the common case. —



are sent to labor to find the cause through the  
On 17th Nov. 1891  
with the same into the village without effecting  
its way into the paper place and a new operation will be  
performed. Can it be said to be a new one? It is  
open from the 1st of Nov. to the 1st of Dec. in the  
which for other papers.

A General meeting was held in a  
of papers to find out the progress of the work  
with a teacher but in the great confusion no work was  
upon the 17th evening the 1st of Dec. 1891  
called who were present for the first time in  
some place and with a teacher a new paper  
was called but with the same result as the other.  
They agreed it was a very difficult task to undertake the  
17th and 18th Nov. 1891. The paper was not  
and in collecting the papers for the 1st of Dec. 1891  
appeared; though he could not find it in the paper  
caused by opening the paper the 1st of Dec. 1891  
at the end of the year the paper was not  
from the 1st of Dec. 1891 to the 1st of Jan. 1892  
left. He then found out the cause of the paper  
first where the paper was always the same  
not as it was in the summer.



# On Lythotomy

Calculus concretions are found in different parts of the body, I have found one of the bigness of a pea at the root of the tongue, they are found in the salivary duct, in the lungs, uterus &c but they are most commonly found in the organs of the urine. The incrustations found deposited on the sides of the vessels which hold urine proves that the calculus substance it contains may readily form a stone. The quantity of calculus matter varies in different persons and it is greater at one time than another in the urine of the same person. it is not my intention to inquire into the circumstances which dispose the body to the formation of calculus, it being sufficient for my purpose to know that it can be formed by a disposition from the urine. I have seen a calculus concretion form on the end of a catheter that had remained in the bladder but for a few days. the different kinds of matter which has been found in the substance of the calculi prove sufficient that any kind of solid substance remaining in the bladder for a few days may be a nucleus for a stone. the stone is not always one uniform consistence but consist of several lamina, some which are hard







and some are soft they are likewise of different colours some are white and some are of dark brown.

The reason of this difference I believe has never been satisfactorily accounted for. Stones are not exclusively found in the bladder, they are found frequently in the kidneys and prostate gland I believe they most frequently originate in the kidneys and is washed down the ureters into the bladder though this is not always the case. When in the kidneys it occasions pain in the small of the back.

A case of this kind was cured in a gentleman by riding from Germantown to Philadelphia on horse back but he was the same day affected with a stone in the bladder.

When stones are found in the kidneys there is a considerable difference from what happens when found in the bladder. Mr. Bailloufield has described the symptoms so accurately that I shall give them in his own words when they exist in the bladder they distend the viscus by preventing a discharge of urine but when in the kidneys they prevent the urine from flowing into the bladder. The stone frequently lodges in the ureter in its passage from the kidney to the bladder occasioning a great accumulation of urine in the ureter and distension of the ureter above the lodgement of the stone fill the collum of urine and the distension be so great as to force it down into







the bladder. The Stone frequently lodge thus cause a good deal of pain, but when it is washed down from the ureter into the bladder the patient is much easier. The Stone is sometimes lodged between the coat of the bladder producing great pain and the itching are violent.

When the Patient complain of burning and pain in the bladder we have then reason to believe the stone is found its way into it. The Patient should drink plentifully of barley water and anecarous to pass the stone by urine. When a stone exist in the bladder the patient feel an itching sensation of the gland penis together with pains and heat in the bladder at the place where the stone is lodged. The stream of urine is suddenly stopped at times occasioning great pain by the falling of the stone on the orifice of the urethra and at other times it flows in full stream. any uneasy sensation is felt all along the course of the urethra between the perineum and glands penis. Through something being lodged in the passage occasioning the patient to pull and squeeze it causing thereby an elongation of the prepuce and penis both. Sometimes it is attended with tenesmus and prolapsi ani. The urine is pale and often mixed with blood the gestation is interrupted occasioning flatulency, costiveness weaken and fever and if the stone be not soon removed death takes place.







Though there are the symptoms than generally attend Stone in the bladder yet they do not prove it unequivocally, as they sometimes occurs from other causes as inflammation and ulceration of the neck of the bladder or ulcer and tumor of the Scrotum.

A case of a young woman came under my care with the above described symptoms who was sounded three times but without finding any stone, after which Mercury was prescribed and the patient in about three weeks got well in this case I suspected there was an ulcer of the bladder Hemorrhoidal tumors not infrequently cause these symptoms. Sometimes the stone is incised and the patient experience no pains because when he moves about, the stone is prevented from falling on the neck of the bladder. when the patient discharge small pieces of matter we may expect the existence of stone. mostly the stone can be felt by sounding which is the surest way of determining its existence. for this purpose we use an instrument of Iron called a Sound. Though the attempt of the Surgeon to feel the stone may sometimes be frustrated by its situation being behind and below the neck of the bladder, but if the Surgeon introduce his finger into the rectum and press then part of the bladder up he will be immediately able to feel the stone.



Through this we may explain the general  
nature of the disease yet they do not form a regular  
or fixed affection, arising from the same or inflammatory  
and relaxation of the neck of the bladder or about and through  
the ductum.

A case of a young woman came under my care with  
the above described symptoms who was bled three times  
but without finding any relief, after which the cure was  
prevented and the patient in about three weeks got well in  
this case I suspected there was an ulcer of the bladder  
thence a discharge of humor not infrequently. cannot this  
disease. I doubtless the stone is in contact with the system  
appearance no pains become when he moves about, the stone  
is prevented from falling on the neck of the bladder. when  
the patient is discharged small pieces of matter we may expect  
the contents of stone. nearly the stone can be felt by  
touching which is the surest way of determining its position  
thence. for the purpose we use an instrument of  
iron called a sound. through the opening of the ure-  
thra to feel the stone way. doubtless be frustrated by  
the irritation being defined and below the neck of the  
bladder, but if the surgeon ventures his finger into the  
rectum and from that part of the bladder up he will  
be immediately able to feel the stone.



Many different remedies has been employed for the cure of the stone but they generally does not good. Different substances has been taken into the Stomack for than purpose and other have been injected into the bladder as a solvent for it but all of no use. Strong alkaline solution are found to dissolve stone out of the body and these have been advised for the cure of the stone. The most usual substances taken into the body are aqua nephrotica alkalina, aqua calca, ura-ursi &c. Medicines have been advised to be injected into the bladder to dissolve the stone.

Our great objections to medicines used as solvent is that they may occasion the coat of the bladder to slough off and thereby endanger the life of the Patient.

The Carbonat of Potash has been serviceable in some cases, lime water is usefull sometimes to ease the pains.

Ura-ursi has likewise been given for than purpose. Blood letting and oprelers are the best remedies for a fist of the stone, also warm bathing. When these substances, than are employed fail the Operation of Lithotomy becomes necessary for the existence of the patient.

Before proceeding to the operation in cold weather we should dip the sound in warm water to prevent contraction of the parts. The Patient should be laid on a table or some convenient place and the Surgeon proceed to introduce the sound (after oiling it) with the concave







part turned toward the bladder if it is not easily introduced in this manner turn the convex side next to the bladder and try again. frequently the sound will pass till it comes to the membranous part of the urethra and then suddenly stop. no force should be used to gain an entrance lest the sound be forced out of the urethra into the soft part. to avoid the fold in the urethra, which stops the sound, the instrument is to be turned round with the concave side up, in such a manner that it shall revolve exactly on its axis. Some Surgeons turn the concave side of it to the bladder and present in that particular way for its introduction as thoroughly pursue the opposite way. this arise altogether from prejudice because they have always been used to do it that way.

The way in which the silver catheter is introduced is so similar to the introduction of the sound that I shall not take up any more of your time in describing the introduction of it.

When the sound is introduced into the bladder then turn it in all directions if you do not find the Stone pass it farther up the bladder if it is not yet felt cause the patient to change his situation frequently when the Stone has eluded the sound by placing the patient on his hand and knees it has been directly felt. When its existence has been fairly ascertained the operation may be performed.

About two weeks before the Operation the patient should attend to his diet and live low and



part turned toward the observer of the act and was  
the manner that the observer side next to the observer and  
frequently the hand with which it came to the observer part  
of the matter and then suddenly the force should be used to  
gain an entrance but the hand be forced out of the matter into  
the soft part to avoid the fact in the matter which stop the  
hand, the instrument is to be turned round with the course  
right up, in such a manner that I shall describe again in  
its course. Some diagrams turn the course side of it to the  
observer and present in these particular way for it indicates  
throughout picture the opposite way. This case is altogether from  
practice because they have already been used to do it the way  
the way in which the other matter is introduced is to  
similar to the introduction of the hand that I shall not take  
up any more of your time in describing the introduction of it  
then the hand is introduced into the observer then  
there is in all directions if you do not find the observer part  
further up the observer of this and of the fact come the patient  
to change in situation frequently in the other, the other  
the board of placing the patient on his hand and then  
it has been already felt. When its opinion has been first  
ascertained the operation may be performed.  
About the week before the operation the  
patient should attend to his diet and his bow and



day before the operation a glister should be administered. Some surgeons advise to empty the bladder before the operation but I should advise to let it be moderately distended with urine which will render the operation easy.

## The Instruments

Those necessary for the Operation are first a table of about the ordinary height. I generally use a common dining table whatever table is used it should be narrow so that the assistants can have an opportunity of holding without leaning over it which would tire and prevent them from holding steadily; a blanket or something of the kind should be spread over it, and a pillow applied to support the patient's head. It will be necessary to be provided with some warm water and likewise some sweet oil, also ligatures and a tenaculum for taking up the arteries that may be cut. Ligatures must be provided to tie the hands to the feet to prevent the patient kicking worsted binding answers very well for that purpose. Next a grooved Director, a Scalpel a sharp pointed bistouri and a gorget to divide the neck of the bladder. The point of the Gorget should be so as to play easy (which is of great consequence) in the groove of the Staff which is to be very clear of blood



day before the operation a glass should be administered  
some of the best of the kind to be given before the  
operation. but I should advise to let it be repeated  
with wine & milk under the operation.

## The Instruments

There is necessary for the operation are first a table of about  
the ordinary height. Generally use a common dining table  
which is used it should be raised to the  
heights can have an opportunity of holding without leaning  
over it with which the one person then from holding the  
body, a blanket or something of the kind should be spread over  
it, and a pillow applied to support the patient's head.  
It will be necessary to be provided with some warm water  
and likewise some brandy, also lotion and a towel  
for drying up the wound that may be cut. The patient may  
be provided to let the hands to the feet to prevent the  
patient shivering whilst holding answers may well for  
that purpose. Next a good breeder & the best  
a sharp pointed bistouri and a good to divide the  
neck of the bladder. The point of the bistouri should  
be so as to play easy which is of great consequence in  
the process of the operation to be very close of the



or motions matter and very smooth. Forceps there are of different  
 shapes and size. I should prefer the smaller ones, to those  
 that have large ends for grasping the Stone. if the small  
 forceps are not strong enough for extracting the Stone a common  
 Scoop such an accouchement use for extracting the head of a child  
 may be introduced by the side of them and assist in drawing  
 out the Stone. Sometimes the Stone is not sufficiently strong to  
 bear the extraction, but breaks in pieces the the small forceps  
 are much the best. if any pieces are broken off it may be  
 readily seen by examining the piece extracted. a Syringe has  
 been found of service in cleaning the bladder of small pieces  
 of Stone by introducing it through the wound and injecting  
 warm water into the bladder which will wash away any  
 small piece that remains. it is necessary for the edge of the  
 gorget to be very sharp at the back else some force must be  
 used to penetrate the bladder by which the gorget may go  
 too far and wound the fundus of the bladder. an accident  
 of this kind accidentally happened to Astorfield, the reason  
 why this part of the instrument is mostly dull is because the  
 cutter cannot get to it to sharpen it on account of the back  
 to remedy this inconvenience I got some made so that the  
 side can be taken off leaving the back only behind.  
 When taken of in this manner they can be sharpened at  
 the point as early as at any other part. The sides are fattened



in various matters and very much to the  
benefit of the people. I shall not  
have time to go into the details of the  
work done, but I shall say a few words  
about the results. The first result is  
that the people are now better  
informed than they were before. The  
second result is that the people are  
now more united than they were  
before. The third result is that the  
people are now more active than they  
were before. The fourth result is that  
the people are now more satisfied than  
they were before. The fifth result is  
that the people are now more  
prosperous than they were before.



on by means of a saw. The old form of a gorget used to be  
but one edge, i.e. having an edge sharp and the other blunt  
but they are now made two cutting edges as the better sides of  
the neck of the bladder may be divided. The form used also  
to be from the back to a curved manner? but I prefer this  
that forming an acute angle.

I shall now show the manner of operating  
after the ductus is removed the patient is directed to take  
hold of the inside of his thigh. When the surgeon places the ligatures  
which were previously wound his right and round the left each  
hand to its respective foot on each side. Two assistants stand  
on each side of the table one each. Take one knee of the Patient  
in his right grasp his foot with his hand another assistant  
take hold of the Director and draw it to the right side.  
The Surgeon then holds away the scrotum from the perineum  
in which he makes an incision from above downwards be-  
tween the ~~and the~~ on the left side having  
cut this the skin and cellular substance falls for the staff  
then take a sharp pointed bistoury placing the finger  
upon the ~~open~~ and to prevent you cutting it out  
cut towards your finger till you find the groove. The  
with the bistoury resting the back on your finger and put  
the point in the groove of the staff taking hold of the  
handle of the staff with the left hand and bringing it



*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*



on by means of a screw. The old form of a gorget used to be but one edge. i. e. having on edge sharp and the other blunt but they are now with two cutting edges so that both sides of the neck of the bladder may be divided the edges used also to run from the back in a curved manner but I prefer them straight forming an acute angle.

I shall now show the mode of operating

after the director is introduced the patient is desired to take hold of the outside of his heel when the surgeon passes the ligatures which were previously round his wrists and round the feet each hand to its respective foot on each side. Two assistants stand by each side of the table and each take one knee of the patient in his axilla, grasp the foot with his hands. another assistant take hold of the director and draw it to the right side the surgeon then holds away the scrotum from the perineum in which he makes an incision from above downwards. Between the and the on the left side having cut this the skin and cellular substance full for the staff then take a sharp pointed bistoury placing the finger upon the spin and to prevent your cutting it and cut towards your finger till you find the groove. then with the bistoury resting the back on your finger and put the point in the groove of the staff taking hold of the handle of the staff with the left hand and bringing it



one of them of the crew. The 2d form of a ship used to be  
but one edge. I. C. having an edge sharp and the other blunt  
but they are now with two cutting edges so that both sides of  
the neck of the blade may be considered as a cutting edge  
to run from the back in a curved manner and of perfect form  
shall forming an acute angle of  
I shall now show the form of a scythe.

After the student is introduced to the subject of the scythe  
he will find the outline of an ideal scythe in the figure  
which here presents itself in front and shows the full back  
hand to the respective form in each side. The standard blade  
is each side of the back and each side of the blade  
in the right of the back (the foot with the head) another scythe  
the back of the scythe and shows the right side  
the scythe. The back away the scythe from the scythe  
in which he makes an incision from above downwards  
and the left side of the scythe  
and the thin and well as a scythe full for the back  
that take a large pointed blade from the scythe  
after the scythe and to present the scythe in one  
cut towards your finger the scythe the scythe the  
with the blade cutting the back of your finger and put  
the point in the corner of the scythe taking hold of the  
blade in the scythe with the left hand and drawing it



at a right angle with his body. an assistant then takes hold of the Scrotum and draw it up. The Surgeon then bear down the handle of the gorges and push it up into the bladder. the urine then in the bladder now escapes, when the gorges has got into the bladder the Staff is to be withdrawn, before the gorges is withdrawn introduce your forceps then take away the gorges drawing it carefully so as not to make a new incision.

The handle of the forceps should be returned upwards as gravity will cause the Stone to fall to the lower part of the bladder. the forceps should never be held in one hand, when you have got hold of the Stone introduce the Scoop by the side of the forceps to loosen it in any part than may be entangled and to place the Stone in the best and easiest way for extraction of the bladder. when the Stone is extracted examine if any more be left in the bladder or if any pieces are broken off the Stone in taking it out, if any extract them. if any vessels be cut use the common means for securing them, the patient is now untied his knees put close together and laid on his side in bed.

not infrequently as you are about to push the gorges into children they are seized with a Straining fit. the Diaphragm and abdominal muscles press the viscera of the abdomen on the fundus of the bladder and force it on the neck of the bladder. If you press in the gorges







During a straining fit you will very frequently cut the fundus of the bladder. If it come on when you have divided the neck of the bladder and the urine evacuated it will be safest to both draw the gorget.

The Operation of Lithotomy is most simple in female. Some have advised to introduce the Staff into the bladder and then with a bistoury make an opening into it from the vagina and extract the Stone from the bladder through the vagina. Sometimes this mode of Operation answers very well. I myself have performed the operation in this manner and the wound healed very well. I however prefer the gorget.



# On Aphrodisiacs

Having observed that many persons are in the habit of using aphrodisiacs, I thought it would be useful to write a paper on the subject. It is a subject on which few have written, and I hope to be able to give some new information.

The operation of a stimulant is well known. It increases the action of the system, and has a tendency to increase the heat of the body. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary.

It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary.

It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary. It is a powerful agent, and its use should be limited to cases where it is really necessary.



# On Amputation

I told you when treating of wound than when the parts were so injured that they could not recover, amputation becomes necessary. if it be deferred till inflammation has supervened we must wait till it has subsided amputation likewise becomes necessary from tumors or white swellings of the joints. Disease of the joints often produce hectic fever and the patient comes <sup>much</sup> more debilitated from night sweat, loss of appetite &c and amputation is necessary for his restoration. if the Patients stomach be good never fear to operate though he be much emaciated. The ancient Surgeons advise amputation when mortification had taken place and while it was still progressing. This practice should always be avoided because if the limb should be taken off in the progressive state of mortification the stump will be attacked and the patient be obliged to submit to another operation, but if the Surgeon wait till the mortification has stopped and the dead part separated the bone only will remain to be cut which will give but little pain to the patient.

Another cause of amputation in large tumors causing the absorption of bones or joints, also fungous hematomas.

I shall now mention the manner of operating, some



# On Ambulation

Of late you have been hearing of running the river for you  
not to mind - that they had interest and position become  
necessary - if it be desired all information has reference to what  
will tell it has interest and position for the river become necessary  
from running as it has been speaking of the river for the river  
want of the river for the river for the river for the river  
Delivered from the river for the river for the river for the river  
later, it is necessary for the river for the river for the river  
be good and for the river for the river for the river for the river  
- The river for the river for the river for the river for the river  
had been for the river for the river for the river for the river  
for the river for the river for the river for the river for the river  
be taken off in the river for the river for the river for the river  
will be attacked and the river for the river for the river for the river  
another operation but if the river for the river for the river for the river  
river for the river for the river for the river for the river for the river  
will remain as it is for the river for the river for the river for the river  
for the river for the river for the river for the river for the river  
the river for the river for the river for the river for the river for the river  
I shall now mention the manner of operating for the river for the river



= times we have to amputate the finger; if the disease is at or  
 near the ends of the finger, it will answer very well at the first  
 or second joint. So that a portion of skin may be left to  
 cover the end of the bone. This done the edges of the skin  
 are to be brought in contact and kept in this situation by  
 adhesive plaster and secured by a roller which as the arte-  
 ries are so small will be sufficient to prevent hemorrhage.  
 Sometimes the finger has been taken off at its articulation  
 with the metacarpal bones, all that is necessary then is to  
 cut down between the fingers till you come to the joint. Then  
 after the finger is taken off and the vessels secured bring the  
 edges of the skin together and apply adhesive plaster. a roller  
 is then applied round the hand. Sometime we have to take  
 the metacarpal bone away, this may be done either at its arti-  
 = culation with the carpus or saw it off at any place when  
 it is necessary with a metacarpal saw, first separating it  
 from the other parts by making an incision directly over  
 the middle from the finger down to the place where you  
 mean to take it off. if any vessels are cut take them up  
 with a suture, bring the edges together and secure  
 with adhesive plaster and apply a bandage round the  
 arm.







# Amputation of the Leg.

First of the thing necessary to perform the operation. a Compress, bandage, a Tournequet: these are to be applied if the leg is amputated just above the knee. but if the thigh is to be taken off this should be applied near the groin.

a short knife this should be very sharp else it will only mangle in some places and cut in another. for if it is dull the skin will be thrown in folds before it and the surface of the divided edges will be very ragged and uneven. a Scalpel will be wanted. a catan this is a knife with two edges. a retractor this a piece of leather with three tails the middle piece is passed through between the tibia and fibula to hold back the soft part when the bone is taken off. a Saw for cutting of the bone. it is necessary that the saw be not wide else by binding on the knee it will be able to break off the bone before it is cut through having portions to be broken off with nippers. a pair of nippers to break off any Specula that may remain, a Tenaculum. besides these it is necessary to have some warm water, Sponges, needles, Ligatures lint adhesive plaster cloths and two bandages of linen called together.

in proceeding to the operation the patient must



# Amputation of the Leg

First of the things necessary to perform the operation is  
an anæsthetic, a towel, and a towel. There are to be applied of the  
leg is an anæsthetic that above the knee and of the leg is to  
be taken off that should be applied from the groin  
a cloth. These things should be very clean and dry  
only enough in some place and not in another for it is  
well the skin will be broken in some place and not in others  
= face of the divided edges will be very rough and uneven  
a deep cut will be made. A towel then in a knife with  
two edges. A towel then a piece of leather with three feet  
the middle piece is forced through between the skin and muscle  
to take back the cut from where the bone is taken off. A  
bar for cutting of the bone. It is an anæsthetic that the bone do  
not strike the skin by binding on the leg. It will be able to  
break off the bone before it is cut through having broken to  
be broken off with a knife. A piece of a knife to break off  
only a piece that may remain or have a piece of bone that  
it is necessary to have some warm water. A piece of water  
lighter but adhesive. It is a piece of water and the bone  
of the bone called the bone.  
in proceeding to the operation the patient must



be laid on a table covered with a blanket or a firm matras the compress is first laid on the artery and then the tourniquet applied to stop the circulation. about an hour before the operation the patient should take a dose of Laudum not so much to ease the pain as to give him fortitude and let him to undergo the operation, because some patients cannot stand it.

I have seen one patient faint three times under the operation, I screw the tourniquet till the circulation is stopped in order to ascertain whether this is effectual I commonly apply my finger to the anterior tibia artery, while the assistant screws the tourniquet when the injury is low down near the foot the surgeon has his choice where to operate. if it is a person of high life who want to have the appearance of two legs and go in company, and who can afford to get an artificial leg it may do to operate as far below the knee as convenient. but if it is a poor man who has to undergo hardships he can but ill afford to have an artificial leg. and should have the operation performed just below the knee he can then bend his knee and bear his weight on it without much inconvenience from the projecting stump which would be very much in the way were the leg taken off at the ankle. this inconvenience arising from the stump projecting so far behind is so great that the person subjected himself to second operation to get rid of it

In proceeding to operate let an assistant draw up



be last and the first...  
the company...  
applied...  
for the...  
to see the...  
the operation...  
I have...  
operation...  
order to...  
my...  
the...  
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offer...  
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person...  
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the Skin first then take a straight knife and make an incision round the leg it is not necessary that this should be all at once stroke as some Surgeons advise. I have seen a Surgeon place himself in such a position to make an incision at one stroke that I was really afraid that he would cut a piece of his own nose off which might have been done by the <sup>best</sup> slip as the floor was sandaled to catch the blood.

Some Surgeons advise to make the incision straight through to the flesh but I would advise to make it obliquely so that the flesh on the back part of the leg may be brought in contact with the skin on the fore part and completely cover the end of the bone. after you have cut round the skin and cellular membranes dissect the teguments from the muscles and turn them back if this cannot be done they must be drawn back and divide the muscles down to the bone. this done take a catlin and divide the inter osseous ligament and muscles and pass the middle strap of the retractors between the bones to draw back the soft part then saw off the bones, some advise to cut both bones at once this is often inconvenient I mostly saw the fibula first from the tibia. it is necessary to make long strokes with the saw least the kerf gets clogged. after the leg is off wash the surface with warm water and then search for the principal arteries which must be drawn out with a tenaculum and secured by ligature. after all the arteries that can be seen are taken







up the tourniquet should be loosened to see if any of the flesh  
 arteries bleed. warm water should be poured on the part and the  
 patient should have a little wine and water to excite the circulation  
 and expose all the bleeding arteries. When all are secured wash  
 away the whole of the clots of blood and draw down the integuments  
 over the end of the bone and wrap a bandage round the stump to  
 prevent contraction of the vessels. Secure the edges of the wound in contact  
 by means of adhesive plaster. before these are applied the Ligatures are  
 to be brought out at one corner of the wound a piece of lint spread  
 with cerate is to be applied between the edges to prevent union by the  
 first intention for if the unite before the ligature comes away, they  
 will prevent the same from being thrown out and a abscess will be  
 formed causing great pain to the Patient after the adhesive  
 plaster is applied then lint spread with cerate then the pledges of  
 tow, then the towels in a cervical form and secure them by a roller  
 the Tourniquet should be left on the leg loose after the stump is  
 dressed to be in readiness if hemorrhage should occur. The patient  
 is now put to bed with the stump rested on a pillow.







# Amputation of the thigh

The instruments necessary for performing this operation are nearly the same as those of the former only the callus is not wanted nor the retractor only a piece of slit in the middle. The operation is to be made as low down as possible but so that none of the diseased parts are cut. After making an incision through the skin dissect the integuments as in the former operation and divide the muscles down to the bone. This done apply the retractor and saw the bone after trapping it take up all the large arteries and large veins in old people the arteries are sometimes ossified I then pass a needle round some portion of the muscles including them in a ligature. The better to prevent hemorrhage all the other processes are like what I have described in the leg.



# Amputation of the thigh

The instrument necessary for performing this operation is a  
 the same as that of the former, only the blade is introduced in  
 the scissor only a piece of fat in the wound. The operation is to be  
 made as low down as possible, but as the name of the vessel is  
 not cut off, nothing is removed through the skin except the  
 integuments on the former operation, and under the muscle  
 down to the bone. The bone is then cut by the scissor and then the  
 bone is then cut up all the long bones and large  
 joints in old people the arteries are sometimes affected & then  
 you are obliged to cut some portion of the vessels including them  
 in a ligature. The better to prevent hæmorrhage all the other  
 vessels are then taken & have secured in the lig.



# Bronchotomy

Sometimes a swelling or obstruction of the *apex* arteries takes place to such a degree that an operation becomes necessary.

The Operation is performed between the Thyroid and Cricoid Cartilage. first make a longitudinal incision down to the cartilage, and then puncture the trachea with the point of a knife and introduce a silver canula which is to be secured in its situation by means of laces passed through the holes in the bowl of the canula. and round the neck of the Patient. This is a very easy and safe operation, no vessels run in the way to excite Hemorrhage —







# Ascites

This is a collection of water in the cavity of the abdomen for which it is necessary to perform the operation called Paracentesis. The operation is generally performed in the left side about half way between the superior anterior iliac fossa and the navel. The Left side is preferred for the purpose of avoiding the Liver. The celebrated 16<sup>th</sup> time in performing the operation wounded the Epigastric artery and the patient was suffered to die from hemorrhage. I say suffered because he ought to have cut down to the bleeding vessel and secured it. This made him suspicious of operating in the side we therefore proposed to make an incision about half way between the Xiphoid and navel.

Notwithstanding the tedious part there is perforated however contrary it may seem to theory heals up as well as another part. The urine should always first be evacuated. This operation is generally performed with a Trocar, the Stilet of which some Surgeons have made flat. This may be very inconvenient and require a great deal of force to push the lamina into the belly. Other have the Stilet triangular. it is of great consequence to ascertain whether the tumor be really a collection or not if it contains water it may generally be told by the fluctuation.

An Actress who has been several times tapped for ascites, believed herself affected with a return of the



can plain and assist to a degree for relief. The intention  
was to have a small boat in the same place  
but to his great astonishment no boat found, as usual  
Gore the ship on examination found the boat into the water  
and lodged in the lip of a factor.

I generally find the specimen with a common  
and with others very well. and instead of a number  
introduce a female called. The content of which will be  
more say and the like to be stopped by the intention, so  
being in contact with the species which was in the ship of the  
rather than the one of the common. and will show the water  
to form and without interruption.

The contact sometimes in the water is strong  
or that of the water is excited. It is still have some time  
and water given him and began of pressure needs on the  
admission to keep up some of the pressure that excited  
before by the intention, after the water is excited  
with draw the bottle and bring the edge of the mouth in  
contact by rubbing glass and a good a specimen to the  
surface. This now has a water could be the only form  
support.



# Aneurism.

An aneurism is a morbid dilatation of the heart or of some of the arterial system.

Aneurisms are divided into true and false, the true are such as are already described and are attended with no wound or division of the cutis.

The false are such as occur from accident independent of any disease of the arteries. I shall confine myself particularly to true aneurism. There is a greater tendency to aneurism in one part than another. They may occur in the Aorta and in different parts of the body at the same time, but are mostly confined to one part of the arterial system only which yielding to the momentum of blood grow weaker and weaker and at last burst.

The proximate cause of aneurism is a disproportion between the momentum of blood and the power of the artery. Of the remote causes of aneurism we know but little. Drinking ardent spirit to excess is said to be one cause. It is said by some that violent strains lay a foundation for aneurism.

I have twice seen false aneurism in the ham from contusion. It likewise has been said that aneurism has been caused by bleeding in consequence of the lancet passing through



# Anæsthesia

Anæsthesia is a morbid debility of the heart and  
loss of the vital system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.

It is a morbid state of the system, and is  
not a disease, but a morbid state of the system.



The veins and dividing or incising the outer coat of the artery leaving it too weak to resist the momentum of the blood.

To ascertain this Mr Hunter lay bare the carotid artery of a dog he then dissected away the coat of the artery one after another till he came to the internal polished coat. The wound was then tied up and the dog left to himself. about three weeks afterward the dog was killed the artery was examined and found to be of the natural size, not having dilated in any size The coats were consolidated to the side of the artery and got well.

The circumstances which lay the foundation for aneurism is a diseased state of the artery but there is likewise a roughening of the internal coat which at time become ossified.

Aneurism occur less frequently it is said in women than in man I have however seen several cases of aneurism in women. they occur most frequently in young people, it is of the greatest consequence to distinguish between aneurisms and tumors of any other kind, though the difference is obscure and not often to be perceived especially in old aneurisms, in recent aneurisms the pulsation is soft, but often sometimes when the swelling and tension are much increased pulling the parts on the stretch and the coagula is formed, the pulse becomes obliterated because the stroke of the heart has to be continued through the coagula to the finger touching, in all recent cases can remove the blood contained in the



the brain and finding it in the outer coat of the calyx  
leaving it too weak to exert the tension of the folioles.

At a certain time the 2d. stimulus lay down the elastic calyx of  
a dog he then stretched away the root of the calyx one after another  
till he came to the internal petioled root. The ground was then laid  
up and the dog left himself, about half an hour afterwards the  
dog was killed. The calyx was examined and found to be of the internal  
size, not having dilated in any way. The root was considered to be  
thick of the calyx, and not so.

The circumstances which lay the foundation for variations  
in a given state of the calyx but there is likewise a strengthening of the  
internal root which at times become rigid.

Excursion occurs less frequently in the female than in the male.  
In man I have never seen a great deal of excursion in  
women. They occur most frequently in young people, that of the  
greater consequence to distinguish between aneurism and tumor  
of any other kind, though the difference is obvious and not often  
to be perceived especially in old aneurism, in young aneurism  
the first part is soft, but after a time when the  
swelling and tension are such increase pushing the firm  
on the elastic and the capsule is formed, the fluid does  
not dilated because the thick, elastic part has to be  
continued through the capsule to the finger, the thing is  
all recent case can make the fluid contained in the



swelling by pressure made for sometimes over the part though it will soon return when the pressure is taken off.

Whereas a tumor remains immovable. a tumor may be formed on an artery or so situated as to partake of the pulsation and in that respect resemble an aneurism. but we can place our finger behind it so as to pull it off the artery and the pulsation ceases. even when we cannot raise the tumor of the artery we are still enabled to distinguish it from an aneurism by the particular pulsation; for when a tumor is situated on an artery we are sensible of the whole body moving.

When the dilatation takes place in the thorax it is known by a palpitation of the heart and difficulty of breathing. When the dilatation of an artery has commenced the progress is much slower than we would suppose because the impetus of the blood as the artery dilates is divided over a large surface. it does not advance all at once; but increases gradually coagula forming as the sac dilates. the aneurism bag as it enlarges and contracts adheres to the part around it and the internal parts wear away to a great degree. the dilatation of the artery commonly takes place on that side which is most remote from the heart or on that on which the impetus of the blood is greatest, though sometimes they are equally dilated. the pressure they occasion frequently causes the absorption of the coagula or perhaps a portion of the surrounding part, in this manner is gon







on until it arrives at the skin when it burns and the patient dies of a sudden gush of blood. in

In an aneurismal sack there will be formed a number of coagula or clots. the general indication in the treatment of aneurism is to lessen the quantity of blood in the trunk of the arteries. rest and low diet are also necessary, Bandages have been likewise applied and are said to have performed cures.

I shall speak chiefly of popliteal aneurism at first there is no pain but only a pulsating tumor which enlarges till it produces pain from pressing the large nerve on the thigh.

The surest method of curing aneurism is to tie up the artery. the mode of performing this operation some years ago was to make an opening into the aneurismal sac. while the tourniquet was secured tight on the upper part of the thigh and after discharging the blood to tie up the artery just above the sac. but this is frequently unsafe on account of the diseased state of the artery which will most be likely to burst at the place where it was tied. to remedy this M Hunter proposed to take up the artery about half way between the knee and the anterior spinous process of the ilium; also then he might avoid the hemorrhage than frequently



on and it is evident at the bottom of the pool  
 one of a larger part of the water  
 So a movement back the water is formed  
 a number of small waves in the water  
 on the bottom of the pool is to show the quantity of  
 blood on the tank of the water and the water  
 also necessary. The water has been taken up and  
 one side to have performed one  
 2. Well then (chiefly of physical exercises)  
 at first there is no pain but only a feeling of heat which  
 enlarges till it becomes from heat of the large vessels  
 on the neck.

The first method of curing exercise is to be  
 up the water. The water of performing this operation  
 have a great deal to make an opening into the water  
 = well the water the temperature was secured high  
 the upper part of the body and after discharging the  
 blood to the up the water part above the water and the  
 is frequently used on account of the blood. It is of the  
 color which will be likely to show at the bottom  
 it was said to remedy the water. The water is  
 from up the water a bit of water between the three  
 and the water is shown from of the water. Also  
 from the water about the water. The water is



occured from the diseased and inflamed state of the artery which will not allow the sides to unite.

The Limb will be nourished by the anastomosing branches. it however happens that they are not sufficient for the support of the limb and mortification ensues. this I suppose is not owing to any want of sufficiently of anastomosing branches but to the tenseness and pressure of the swelling obstructing the circulation.

I saw one case of this kind but I supposed that it was owing to the tumor preventing the circulation in the anastomosing branches.

in proceeding to perform this operation, first have a tourniquet fixed to the upper part of the thigh but not too tight, allowing the artery to pulsate. then making an incision about four inches in length longitudinally in the course of the fibula down the Sartorius muscle and direct along the lower edge of it. it is necessary to pay particular attention to this for if you go above the Sartorius muscle you may cut down to the bone and not find the artery. after you have dissected through the skin and cellular substance feel with your finger for the pulsation of the artery. it is best to use the handle of a knife to expose the artery. as there is great many anastomosing branches which would probably be wounded







by the sharp edge of the Scalpel. there is a thin fascia before you come to the artery, through which you must scratch with the point of the Knife a little to one side of the artery to avoid wounding it. after the artery is brought into view it may be taken up either by means of a Silver bodkin or as Mr Arbuthnot advises by passing a couple of ligatures round it at about half an inch from each other and then separate the artery between the Ligatures by which means he says the ligatures come away sooner. the Artery is divided then take off the tension. I have seen the ends recede  $\frac{1}{4}$  of an inch from each other when divided. in which every way it is performed the ends of the ligatures are to be brought out side of the wound and a pledge applied so as to press the bottom of the wound close together, that the outside may not heal too soon and thereby form an abscess. I have seen an abscess formed from this cause then extended from the Knee to the anterior Superior Spinous process of the Illium.

The aneurismal tumors after this treatment disappears. this is sometimes however not the case and the tumor goes on to suppuration. if the tumor after it has suppurated does not open itself, by an ulcerative process it should be opened by an incision, when this is



by the sharp edge of the knife. There is a thin layer  
before you come to the very sharp point of the knife  
of the knife to avoid rounding it. After the knife is  
brought into view it may be taken up and by passing  
a small piece of paper over it at about half an inch from  
each edge and the separate pieces being taken off  
by which means the knife is divided into two parts  
the handle. I have seen the knife divided into two  
parts from each other when divided. In which case it  
is performed by cutting the knife into two parts  
but not of the handle and a slight applied to it  
to join the bottom of the handle and the knife  
the outside may not be the same and the knife  
edge. I have seen an edge from the same  
than collected from the same to the same degree  
of the process of the knife.  
The question is: how often the knife  
disappears. This is a question however and the same can be  
lenses for or to the microscope. If the lenses are  
too separated too far apart they will be so separated  
can it be opened by an action, when this is



is neglected very serious consequence sometimes occurs.

Once know it produces an abscess of the knee joint and the patient died.

When the artery bursts and allows the blood to flow in the cellular texture the pulsation may be perceived at first but the blood stagnating then soon coagulates and the swelling and tension prevents any pulsation being felt and then it is impossible to say whether it is an abscess or aneurism. When this occurs we should apply the tourniquet & make a puncture in it. if it be an abscess the matter will be allowed to flow out; if it be an aneurism it must be tied up.

When the tension is great, part of the coagulum should be scooped out of the puncture to relieve the tension.

in 8 or 10 days the tumor will have suppurated and the extravasated blood will have come away.



is neglected any human consequence for the present  
I once knew it produce an action of the lungs and  
and the patient died  
When the patient died and after the time for  
flow in the collector system the patient may be removed  
at first but the blood stagnating in the lungs  
and the swelling and tension of the patient being  
full and that it is impossible for it to be removed  
or removed. When this occurs we should apply the pump  
-pump a few times in it if it is an ordinary case  
with be allowed to flow out. If it is an emergency it must be  
put up

When the tension is great part of the respiratory  
be removed out of the patient to relieve the tension  
in 8 or 10 days the lungs will have expanded and  
the expanded lung will have come away



# Fistula in Ano

This is cancerous ulcer situated in the vicinity of the anus. it frequently consist of one, two, or more cells and is caused by inflammation. if the parts are generally inflamed and violent tumefaction takes place during the bearing down point, and not infrequently produces suppression of urine. When it arrives at so great height it generally terminates in suppuration forming an abscess, making an opening externally or into the rectum or both. if it communicates both externally and internally it is termed a complete fistula and if it communicates with the rectum only it is called blind or occult fistula.

To examine well the part the patient should lean over a table and the Surgeon having his finger well oiled should introduce it into the rectum and insert a probe the fistula is complete into the abscess. if you can feel the point of the probe, the fistula is complete but if it be incomplete you will not be able to feel the point of the probe.

Sometimes the abscess is small resembling a bile and is easily cured. Sometimes the side of the rectum is separated and stretched from the buttocks to a very great extent raising over the brim of the pelvis.

The causes then occasion these abscess are such as occasion inflammation in any other part of the body.



This is common when situated in the vicinity of the river.

It frequently occurs of one, two or more cells which contain  
 vegetation. If the plant are generally numerous and contain some  
 factors in the place during the winter season, but not  
 the frequently produce a depression of water. When it is present  
 to great height it generally contains a depression in the  
 an oblong, reaching an opening externally or into the section  
 or both. If a communication both externally and internally  
 is found a complete circle and if a communication with the  
 section only it is called a circle.

To examine with the first part of the section which  
 over a hole and the other part having the finger well  
 should not be done into the section and must observe the  
 figure is complete into the section if you can feel the  
 the finger the finger is complete, but if it is incomplete you will  
 not be able to feel the part of the finger.  
 Sometimes the aden is small resembling a dot and is  
 easily cured. Sometimes the side of the section is separated and  
 detached from the bottom to a very great extent rising over the  
 point of the finger.

The same that occurs when aden are lost or over-  
 is inflammation in any other part of the body.



# False Aneurism

There are two kinds of aneurism (false) both occurring from wounds in the artery. one occurs from bleeding in consequence of the lancet puncturing through the vein into the artery and letting the blood flow from the artery into the vein this form was it is called varicose aneurism. it may be told by a thrilling sensation which is very distinguishable. a hissing noise may be heard by applying the ear close to the orifice.

Sometimes the two orifices does not exactly correspond with each other and the blood instead of flowing into the vein escape into the cellular membrane and form a tense aneurismal pouch communicating with both the artery & vein causing great pain to the patient. and if an operation is not performed the skin becomes tense and burst or slough away, bleeding profusely and exposing the patient to great danger.

The varicose aneurism is free from danger and therefore no operation should be performed. the only inconvenience arising from it is a little deformity caused by the dilatation of the vein at that place. but when the blood escape into the cellular substance an operation become necessary. the artery and vein should both be secured above and below the sack.

The varicose aneurism does not requires an operation in general yet some of their modifications do.



# False Anacrisim

There are two kinds of anacrisim (false) both occurring from wounds in the artery. one occurs from bleeding in consequence of the lower puncturing through the vein into the artery and drawing the blood flow from the artery into the vein the form it is called venous anacrisim. it may be told by a swelling sensation which is very painful and a rising pain may be heard by applying the ear close to the orifice.

Domestic the two orifices do not equally correspond with each other and the blood instead of flowing into the vein escapes into the cellular membrane and forms a large aneurismal point communicating with the artery the vein coming great from to the point. and if an operation is not performed the skin becomes tense and hard as paper and bursting frequently and opening the point to great danger.

The venous anacrisim is less from danger and therefore no operation should be performed. the only inconvenience arising from it is a little difficulty caused by the distention of the vein at that place. but when the blood escapes into the cellular membrane an operation becomes necessary. the artery and vein should both be secured. above and below the leak.

The arterial anacrisim does not require an operation in general but some of their modifications do.



we should examine very carefully in all cases of pain in the region of the anus to discover whether it originates from piles if not so, the remedies should be used to prevent suppuration.

When we are consulted by a patient concerning pain situated in the region of the anus we should however diagnose it may be either to the patient or ourselves always examine into the real nature of the complaint.

When inflammation and swelling are found our first endeavour should be to prevent suppuration, blood should be drawn according to the nature of the case and the constitution of the patient, purging, leeching, bread and milk poultice &c these remedies are generally sufficient to remove strangury, if not the warm bath should be tried.

Sometimes these remedies all fail and the tumor increases to such a size as to occasion a total suppression of the urine, a catheter should then be introduced for the relief of the patient which may be left in a considerable length of time without any bad consequences resulting from it. The catheter should be made of gum Elastic which can adapt itself to the shape of the part and will be worn with much more ease than a silver one. Sometimes inflammation comes on with a disposition to gangrene. on this subject I would advise you to read Pott. Though I would advise you from the success I have had in such cases, in the case of Prostatitis to apply



we should examine very carefully in all cases of pain in the  
region of the arm to discover whether it originates from the  
joint or from the muscles or from the nerves of the  
limb. It is controlled by a patient's condition  
situated in the region of the arm we should examine the  
able it may be related to the patient's condition or  
examine with the patient's condition of the arm.  
What is the position and feeling of the arm and  
examine the arm to be in position, that is to  
show according to the action of the arm and the condition  
of the patient, feeling, and condition of the arm.  
These conditions are generally sufficient to cause a change, if  
not the arm will be in position.  
Sometimes the arm is in position, all the time in  
place to look a little or to observe a total appearance of the  
arm, a patient should be in position for the arm  
of the patient which may be left in a condition of length  
the arm and the condition of the arm. The arm  
should be made of your arm which can be left in  
the arm of the arm and will be in position with the  
arm in position. Sometimes the arm is in position  
of the arm in position. The arm is in position  
to look a little. The arm is in position from the arm  
I have had in this case, in the case of the arm to apply



them in similar circumstances. if the Surgeon is called in early he may generally resolve the inflammation, but unfortunately we seldom see those cases untill suppuration has taken place when an operation is necessary for a cure.

In all cases where there is a collection of matter we should make an opening in the most prominent part and not wait for it to open naturally.

In all cases we should enjoin the antiphlogistic regimen till inflammation subside.

I shall proceed to mention the circumstances which render it difficult to perform a cure without a surgical operation.

first when the fistula is complete the formation of scar keeps its sides distended and prevents its healing. and next in addition to this the ulceration of its sides prevents its healing. if the orifice is small so that the matter cannot readily flow out it collect in the body and the granulation cannot come in contact.

If the suppurating cavity is prevented from healing by the external orifice closing too soon and here the patient thinks himself getting well but his hopes are soon disappointed for the matter either has to force its way out again or make a new opening.

3 When the fistula is complete faeces are forced into the opening and are pressed out of the external orifice.



them in similar circumstances if the danger is called on  
 is of the way generally under the information, but not  
 let me believe the same with information has been  
 place when an operation is necessary for the  
 On all cases where there is a collection of fluids in the  
 and an opening in the most convenient part and not that  
 to open naturally.

On all cases the should expect the suppuration to  
 men the inflammation to subside.  
 I shall proceed to mention the circumstances in which  
 it difficult to perform a cure without a surgical operation.  
 first when the fistula is complete the operation is often deep  
 is then distant and prevents the healing and rest is not  
 then the intention of it this prevents the healing of the  
 office is made so that the matter cannot easily flow out  
 collect in the body and the operation cannot be  
 called on.

I the operation is performed from having  
 the external office being the same and the fistula  
 think, himself getting well but his hope was not disappointed  
 for the matter either has to force it out and again it  
 a new opening  
 I the fistula is complete for an opening  
 into the opening and are formed out of the external office.



When he goes to stool.

When occurs The matter forces its way into the rectum and discharged in that way but it is frequently obstructed by the faeces though in most cases the opening goes obliquely downward and when the patient goes to stool the faeces will close up the orifice but I have seen cases where the Orifice opened upward into the rectum, and when ever faeces was voided would get into the abscess and distend it very much causing great pain and distress to the Patient

4. When nature is unequal to a cure without the assistance of a Surgeon, at first when the cavity is on one side of the Sphincter and the patient goes to stool, the contraction of the canal will draw the dilated sides from its natural situation destroying all the newly formed granulations and prevent a cure.

5<sup>th</sup> another obstruction to a cure is where the Patient goes to stool, the gut is somewhat protruded and the adhesion that may have taken place in its contracted state is destroyed. It is to this cause that the small portion of blood which appears after stool.

6. When owing to some causes or others the healing of the fistulae has been prevented for sometimes the parts become colour as was before explained and such collosity happens.



When the water forces its way into the bottom and  
backwards in this way but it is frequently obstructed by the foam  
which is over the opening and often the water will close up the orifice  
when the bottom goes to that the foam will close up the orifice  
but I have seen cases where the water would get into the  
the bottom, and when ever foam from another would get into the  
bottom and when it very much coming great foam and ship

**Of the bottom of the bottom**

1. When water is subject to a wave without the aid  
of a ship, at first when the water is considered  
the bottom and the bottom goes to that the water  
of the water will break the bottom sides from the water side  
when breaking all the water formed granulation and foam  
a wave.

2. Another objection to a wave is that the water  
goes to that the water is considered and the bottom  
then even have taken place in the water that the water  
goes to that the water is considered and the bottom  
of the water will break the bottom sides from the water side  
when breaking all the water formed granulation and foam  
a wave.

3. When water is subject to a wave without the aid  
of a ship, at first when the water is considered  
the bottom and the bottom goes to that the water  
of the water will break the bottom sides from the water side  
when breaking all the water formed granulation and foam  
a wave.



7. When the extent of the fistula is raised a considerable way into the Pelvis and even to the upper part of the Perin accompanied with branches, nature seldom effect a cure and even the art of the best Surgeon often fail.

8. The general Health of the Patient, thus should be attended to, as it will assist greatly in the cure.

## Operation of Fistula in Ano.

This consist in dividing upon the finger the detached gut, because

1<sup>st</sup> its being cut prevent its acting so as to injure the granulation

2 The feces can pass readily out without projecting the rectum.

for Information of the particular manner of performing the Operation I would advise you to read Fott. my object has been to shew the principles upon which the healing is affected. although I shall make some remarks upon the mode of operating, When the fistula is complete. The Patient is to lean over the table then the Surgeon after oiling his finger is to introduce it into the anus, then introduce a bistoury through the fistulous cavity till it







comes in contact with the finger. Drawn way the finger & bistoury together and the bistoury divides all the parts between the opening (at which it was inserted into the rectum) and the external end of the rectum. it divide the sphincter and rectum from its upper communication to its extremity.

For the introduction of the instrument the patient feel a good deal of pain from the edge of it cutting as it is inserted to remedy this I have a silver cap which goes on the edge of the bistoury and extends along one side till it goes to the handle, being a little wider than the blade which secures the edges. When the bistoury is introduced by pushing a little knob at the end of the cap it fall off and leaves the edge exposed. another method when a silver cap is not at hand is to place a piece of waxen linen on the edge thus I should be long enough to reach to the end of the handle so that when the bistoury is introduced we can draw away the linen and divide the part. this mode answers very well. Sometimes the opening in the rectum is so low down that we can pass a director in the rectum from the above and out of the anus in this case the part may be divided by a Scapel, but when the fistula is so high up that to divide the parts with a bistoury might endanger the arteries and hemorrhage ensue, in this case we should pass a ligature through it and bring it out at the anus and tie it through



came in contact with the finger, because now the finger is  
very tender, and the feeling border all the front of the  
the opening (at which it was inserted into the vagina) and the  
external end of the vagina. It is the feeling of the vagina  
from the upper communication to its extremity.  
For the introduction of the water into the vagina had a  
good lot of pain from the top of it coming in this manner.  
To remedy this I have a silver cap which you see the top  
of the vagina and opening and does not go in the top  
hand being a little wider than the base which covers the  
open. When the distance is introduced by passing a little  
hook at the end of the cap to hold it off and leave the  
cap fixed. Another method is to use a silver cap it is not at all  
is to place a piece of paper (thin or the edge the distance is  
long enough - to reach to the end of the hand to the vagina  
the distance is introduced we can get away the hand and  
divide the part. This method answers very well. I have seen  
the opening in the vagina is so low down that we can see  
a distance in the vagina from the above and out of the vagina  
in this case the part may be divided by a hook, but  
when the distance is so high up that it is difficult to divide the  
part with a distance might be introduced the distance and  
distance and in this case we should use a distance  
through it and bring it out at the anus and not a hook.



not so tight as to cause great pains. This will avoid Hemorrhage and the parts within the Ligature will be divided by ulceration or absorption.

The wound occasioned by the Ligature will heal nearly as fast as the ulceration goes on, so that by the time the ligature has cut through the wound will be nearly healed up though sometimes it does not heal so fast.

## Hair Lip

I shall now make few remarks on the Hair Lip which derives its name from its resemblance to the lip of the animal. it mostly takes place in the upper lip and is but one Slip though sometimes it is divided in two places. They are most frequently born with us though they sometimes happen from accident.

When they occur at birth the suture uniting the maxillary bones together is at times not very well consolidated owing to the want of the gentle pressure of the lip in such cases the lip should be united immediately. in proceeding to do this we should have a pair of sharp strong Scissors which are the most convenient and cut a piece of each Slit taking care to cut out the upper angle or else the lip however well united below will not heal above



not to light on the same great point. The full cover of the  
colours and the point within the digitus will be divided  
by rotation or absorption.  
The wound occurred by the digitus will heal  
nearly as fast as the ulceration, and so that by the time  
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silk to keep the lip from the upper and as the  
the lip however will unite below will not heal above



This piece cut out somewhat resembles the letter V after this is done, the edges are drawn exactly together and secured by two silver pins by the twisted suture, always taking off the point of the pins after they are introduced to avoid hurting the Patient.

This is specially necessary in children, the Pins should be left in about four days when they may be withdrawn this can be done by taking hold of the end with a pair of nippers as the pins will hold pretty fast. Lay your fingers on the tread when you withdraw the Pins to prevent pulling it off.

The tread may be left for two or three days longer by which time it will be perfectly well. The thread will be agglutinated to the parts by means of the mucus of the nose.



the face cut out somewhat resembles the letter V of the  
 is done, the edges are drawn together and it is closed by  
 the inner point of the twisted ribbon, always taking off the  
 point of the fingers after they are introduced to avoid hurting  
 the patient.

This is especially necessary in children. The pins should  
 be left in about four days when the way is with drawing  
 this can be done by taking hold of the end with a force of  
 the fingers and the pins will come easily out. Lay your finger  
 over the wound when you withdraw the pins to prevent  
 bleeding it off.

The pins may be left for two or three days longer in  
 which time it will be fastened well. The thread will be  
 applied to the point by means of the fingers of the  
 hand.



# Strictures of the Urethra

by the term Stricture is meant the diminution of any canal at a particular part. When they occur in the urethra it most commonly happens at the bulb, though they sometimes take place at the middle of the urethra, and sometimes beyond the bulb at the subcutaneous part of the urethra though rarely.

They are of two kinds Spasmodic & permanent though these two kinds are not frequently combined.

The 1<sup>st</sup> effect of a Stricture in the urethra is to decrease or lessen the flow of urine and often times the patient does not suspect any disease until in the voiding of urine. he find it pass drops by drops. he will have now frequent trials to make water passing but a little at a time and this not without considerable straining.

A gleet in general attends its owing to the straining and irritation there is in passing urine. The parts situated between the bladder and stricture become very much dilated and the other parts diminishing, resembling in its effect a string tied round the penis.

The Stricture most commonly runs regularly round the urethra but not always. for it is sometimes found on one side only. Whereas Spasm supervene in such strictures the passage is completely closed. The causes are cold weather, cold







feel and the intemperance of strong drink.

I had a patient in whom it was caused by coition from too long a retention of the Semen. The greatest difficulty there is in ascertaining the cause, is the reason why the Suppression is generally not treated with success for the Stricture when not.

Veneral disease, is sometimes the cause of it.

## Treatment

The permanent Stricture may be dilated in common by a bougie. much depends upon the preparation of Bougies and upon their use.

In general use is waxed linen. pieces of fine linen dipped in pure wax and rolled up smoothly make the best bougies. the point must be small but the body sufficiently stiff the force necessary for introducing it. The bougie may be introduced as far as it will enter and left for sometimes with its point in contact with the Stricture till the irritation has subsided and then press it gently forward by which means the Stricture will frequently overcome.

Commonly when the bougie is introduced the Patient will faint and cold sweat will break out of him.

This seldom happens after the third introduction of the bougie, when the Stricture is small it may then be dilated at times Strictures occur in which the part is so closed



# Treatment

The treatment should be directed in accordance with the nature of the disease, and the progress of the same. It should be such as to remove the cause, and to relieve the symptoms.

In general, the treatment should be such as to remove the cause, and to relieve the symptoms. It should be such as to remove the cause, and to relieve the symptoms. It should be such as to remove the cause, and to relieve the symptoms.

Commonly, when the disease is introduced by the system, the treatment should be such as to remove the cause, and to relieve the symptoms. It should be such as to remove the cause, and to relieve the symptoms.



as not to admit the point of the bougie. in such cases we some times succeed in letting the patient pass a bougie down to the stricture for the space of an hour or two every day. sometimes the canal is thrown to one side making the passage irregular, when this occurs the point of the bougie is to be bent to one side and then introduced.

Sometimes the pressure and irritation of urine accumulate in the part occasions ulceration of some of the parts between the stricture, forming an artificial opening called fistula in perineo. in such case there are two modes of relief either by caustic or by the lancet. caustic was first used by Mr Hunter and afterward by Mr Home. I have used it myself in several cases with very good effect, the caustic is rolled up in the end of the bougie and tied by a fine thread. the end of the caustic may project a little to prevent the caustic burning the canal before it got to the stricture, a small cap of waxed linen secured to a very fine thread fixed to the end of it answer very well. when the bougie is passed down to the stricture the cap may be withdrawn by means of the thread.

When the stricture is not at the bulb of the urethra or before, it may be divided by the lancet defended by a silver canula. the dislocation of the urethra behind the stricture



as not to admit the point of the danger. in such cases (in some cases) success in taking the point from a single blow to the throat has for the space of an hour or two every day sometimes the canal is thrown to one side making the passage irregular. when this occurs the point of the danger is to be found to one side and the introduced.

sometimes the passage and position of the canal is remarkable in the first occurrence. in certain of cases of the first kind the distance forming an artificial opening called fistula in perineum. in such case there are two modes of relief either by cauterizing or by the least cauterizing was first used by Mr. Webster and afterwards by Mr. Hume. I have inserted myself in several cases with very good effect. the cauterizing is rolled up in the end of the passage and fast by a fine thread. the end of the cauterizing was project a little beyond the cauterizing burning the canal before it got to the distance a small cap of waxed linen is used to a very fine thread fixed to the end of it and was very well when the cap is pushed down to the distance the cap may be with some by means of the thread.

When the distance is not at the end of the matter or displaced away to be fixed by the least depending by a little cauterizing. the distance of the matter behind the distance



Stricture makes it impossible to divide any other than the Strictured part. When the canula is introduced to the Stricture the Lancer may be pushed through it and it will be divided. but the circumstance of the curvature of the urethra makes it difficult to divide it from the back and the curved canula answer very well in some case.

When the Stricture is dilated a bougie or catheter should be introduced and kept in for several days, when if there be fistula in perineo it will be held up in few days.

In Sporadic Strictures to treat it with caustics is half full. Hot warm bath or a small roll of tobacco, or the end of a bougie introduced to be in contact with the Stricture will frequently relieve it; or an astringent Gister - V.S. Laudanum or Euclics have proved serviceable.







# Cancerous Breast

When tumors are formed in the Breast if they do not yield to the Antiphlogistic regimen or treatment with the use of Mercury it is best to extract them early.

There are two methods of extracting them.

1<sup>st</sup> by caustic

2<sup>d</sup> by the Knife

The last method is the best as we are able to distinguish better between the sound and diseased parts. This may be done by an incision made directly over the middle of the breast, if the integuments been sound, but if are ulcerated or even induration has taken place or in any place of the skin it will be necessary to make two incisions so that the indurated part may be embraced between them and removed.

If the glands in axilla are affected by the tumors we must continue the incision in the course of the Symplyphatics to the tumified gland or glands in the axilla and remove the glands and indurated Symplyphatics with the tumor.

it is often difficult to get at the glands from their difficult situation in the axilla. but the weight of the tumor if it be large will bring them down then you will be enabled to get your finger above them to tie a ligature round



# Cancerous Breas

These tumors are found in the breast of both sexes & are  
 distinguished by their situation or location with the use of a lancet it is  
 best to operate them early.

There are three methods of operating them  
 1st by incision

2d by the knife

3d by the gun  
 The first method is the best and is the most common  
 between the tumor and the breast. First the way is made by an  
 incision made directly over the middle of the breast of the tumor  
 - usually done so, but are sometimes done in a different way  
 between the place or in any place of the skin it will be necessary to  
 make two incisions so that the incision part may be made  
 - and between them are removed.

If the glands or or the are affected by the tumor we  
 must consider the incision in the course of the lymphatics to  
 the tumour gland or glands in the breast and remove them  
 and removed lymphatics with the tumor.

It is often difficult to get at the glands from the skin  
 - with a lancet in the axilla. But the weight of the tumor & it  
 is large will bring them down and will be avoided  
 to get your finger above them to take a lymphatic cord.



which should always be done before they are separated on account of the many vessels of the part.

When the tumor is taken out the edges of the wound are to be brought together and secured by adhesive plaster than they may unite by the first intention.

## Abces of the hip Joint

The first symptoms or indication of the disease in the child first generally happens in Children about 18 years of age the patient refuses to walk or step.

It is mostly attended with pain from the commencement but this however does not always attend and when it is constant, it is often described occurring not in the hip but in the knee this very frequently deceives the patient and often the Physician is so deceived as to apply substances to the knee instead of applying them to the hip.

Pain when it is not constant but comes on at intervals and continues for an hour or two and then ceases. it is often worse at night. after the disease has existed for some times a swelling and enlargement of the hips and adjacent soft parts take place. at this period pressure or touching of the part







give pain. if the patient stand up he always stand on his sound side, bearing no weight on the diseased limb but bends the knee of the diseased side forward and toe only rest on the floor.

This disease of the <sup>hip</sup> joint is often taken for a disease of the spine, by laying the patient on his back on a table; for if only the hip be diseased you can easily strengthen the patient and if it is the spine the pelvis will not vary.

Cancer - it frequently comes on without any apparent cause but often it occurs from blow on the hip or jumping after some times as the disease progresses we frequently find the limb shortened. this take place in consequence of the bone being pushed out of the acetabulum, by tumor forming in the socket. and the head of the bone is drawn upward by the action of the Muscles or the dorsum of the Ilium.

this circumstance of Luxation by means of disease of the joint has given rise to the term of Spontaneous luxation.

In common the luxation is upward and backward, but sometimes it takes place downward and forward and from the force of gravity a relaxation of the muscle take place.

Sooner or later suppuration take place and the bone is found in a various state. Suppuration does not always take place for it has happened that a new acetabulum has been formed which would allow of some motion of the Limb. When suppuration takes place it is attended



your point of the patient's state of the system  
 after having been in the hands of the  
 of the physician. It is not the only one of the  
 the progress of the case is often more than  
 the opinion by looking the patient on the back and  
 for it only the fact the patient can easily find the  
 patient and of the the opinion the patient and not  
 course - if frequently comes in a short time of  
 away but after it comes from the left is  
 offer some time as the patient's progress he frequently  
 the kind of the patient the fact is in consequence of  
 some being pushed out of the system by the  
 in the system the fact of the fact is in consequence of  
 of the action of the the fact of the fact of the system  
 the in consequence of a reaction by means of the  
 fact has given rise to the fact of the system  
 the system the reaction is a reaction the fact of the  
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with more or less pain and matter which is formed is discharged by one or more opening. in this state the patient frequently loses his appetite, he becomes more emaciated has night sweats and hectic fever next ensues. in the progress of the disease the thigh dwindles away very much becoming much smaller than usual. in some cases the shortening of the Limb does not take place for the head of the bone become diseased as well as the acetabulum. and form an anchylosis with the socket sometimes the head of the bone is wholly removed and then if you examine you can pass a probe through into the Pelvis.

## Treatment

Unfrequently we are not often called in the forming state of the disease, I say unfortunately for if we are called in early, the disease might be sometimes counteracted. when called to a patient in those symptoms.

1<sup>st</sup> Bleeding

2 purge every other day for thro or three months the best remedy for this purpose that I have found is Jalap and cream tartar, it should be given to produce 4 or five evacuations daily. you would suppose these Children could not bare such a severe regimen







but experience proves that they can bear it very well.

it is always necessary to prevent all motion. The patient should be put upon a vegetable diet after this a warm bath may be used. I think it is more beneficial when impregnated with the murate of soda or some neutral salt.

I have used salt brine once a twice a week

I have mentioned the tumefaction of the hips because it is from this circumstance that the existence of the disease is ascertained. The application of caustics on the hips is frequently advised but I have tried them in several cases and found them of no efficacy. The application of Bleeds to the part are often of Service.



but experience from this day has it not with  
it is always necessary to present all matters. I believe  
should be put upon a separate list after the manner  
both may be met. I think it is more expedient when  
improvements with the means of work or some similar  
work.

I have with all done over a little work  
I have mentioned the importance of the work done  
it is from the circumstance that the expense of the work  
is estimated. The application of similar to the work  
is frequently advised but I have tried them in several cases  
and found them of no effect. The application of similar  
to the part are often of service.



